

L15000003374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE

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MAR 03 2017
J. HARRIS

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 3/2/17
ACCT. I20160000072

en: c SW

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|-------------|--------------------------------------|
| Name: | David Assoc. 32A LLC |
| Document #: | |
| Order #: | 10390146 (1+2 of 3) 4 |

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|-----------------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend: | | | |
| Plain Copy: | | | |
| Certificate of Good Standing: | | | |
| Apostille/Notarial Certification: | | Country of Destination: | |
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| | |
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*FYI - See attached
Formation
being filed
simultaneously
with this filing*

| | |
|---------------|-------|
| Availability | _____ |
| Document | _____ |
| Examiner | _____ |
| Updater | _____ |
| Verifier | _____ |
| W.P. Verifier | _____ |
| Ref# | _____ |

Amount: \$ 55

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David Associates 324, LLC
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Contact Person

Firm/Company

Address

City, State and Zip Code

lgerard@davidassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee and Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee and Certified Copy | <input type="checkbox"/> \$60.00 Filing Fee. Certified Copy, and Certificate of Status |
|---|---|--|--|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E106 (07/14)

Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company** into an **"Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

David Associates 324, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

David Associates 324, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,
general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware
(Enter state, or if a non-U.S. entity, the name of the country)

on March 2, 2017
(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 319 Clematis Street, Suite 708
West Palm Beach, FL 33401

Mailing Address: PO Box 1168
West Palm Beach, FL 33402

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 2nd day of March, 2017

Signature: [Signature]
Must be signed by a Member or Authorized Representative

Printed Name: Alfred N. Marulli Title: Authorized Representative

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

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