# L1500000 6415

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
|                         |                   |             |
| . (Ac                   | ldress)           |             |
| (Ac                     | idress)           | <del></del> |
| (Ci                     | ty/State/Zip/Phon | e #)        |
| <u></u>                 |                   |             |
| PICK-UP                 | WAIT              | MAIL        |
|                         | usiness Entity Na | ma)         |
| (BC                     | isiness Endty Nai | ine)        |
| (Do                     | ocument Number    | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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2014 DEC 30 PM 1: 56
SECRETARY OF STATE

#### **COVER LETTER**

| Division of C  |   |       |                                       |       |   |
|--|---|-------|---------------------------------------|-------|---|
| SUBJECT: Oak La  | ane Equities, LLC                                     |       |                                       |       |   |
|  |   | of Re | esulting Florida                      | Limit | ed Company)   |
|  |   |       |                                       |       | , and fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please return all corr   | espondence concerning                                 | g thi | is matter to:                         |       |   |
|  | Barbara Humphrey                                      |       |                                       |       |   |
|  | (Contact Person)                                      |       |                                       |       |   |
| Law  | Office of Robert A. Heeki                             | n     |                                       |       |   |
|  | (Firm/Company)  |       |                                       |       |   |
| 1 Slei   | iman Parkway, Suite 280                               |       |                                       |       |   |
|  | (Address)   |       |                                       |       |   |
| Ja   | cksonville, Florida 32216                             |       |                                       |       |   |
| (  | City, State and Zip Code)                             |       |                                       |       |   |
|  | fjohnson@sleiman.com                                  |       |                                       |       |   |
| E-mail Address: (to b  | e used for future annual rep                          | ort i | notifications)                        |       |   |
| For further informati  | on concerning this mat                                | ter,  | please call:                          |       |   |
| Barbara Humphrey   |   | at    | (904                                  | 636   | -9777 ex 2  |
| (Name of Contr   | act Person)   | _     | (Area Code)                           | (Da   | ytime Telephone Number)   |
| Enclosed is a check t  | for the following amou                                | nt:   |                                       |       |   |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status |       | \$180.00 Filing I<br>d Certified Copy |       | □\$185.00 Filing Fees, Certified Copy, and Certificate of Status                |
| STREET ADDRES Registration Section Division of Corporate                                 |   |       | Registra                              | tion  | ADDRESS: Section  |
| Division of Corporat<br>Clifton Building   | IUIIS   |       | P. O. Bo                              |       | Corporations<br>327   |
| 2661 Executive Cent<br>Tallahassee, FL 323   |   |       |                                       |       | FL 32314  |

## $\frac{\textbf{Certificate of Conversion}}{\textbf{For}}$

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| Statutes.   |
|---|
| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  Oak Lane Equities, Ltd.   |
| (Enter Name of Other Business Entity) A9700000582   |
| 2. The "Other Business Entity" is a limited partnership - 907A00053431.   |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
| First organized, formed or incorporated under the laws of Florida   |
| March (Enter state, or if a non-U.S. entity, the name of the country) on September 7, 2007  |
| (date of organization, formation or incorporation)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:   |
| Oak Lane Equities, LLC  |
| (Enter Name of Florida Limited Liability Company)   |
| 4. If not effective on the date of filing, enter the effective date: 12-31-14. (The effective date: 1) cannot be prior to date of receipt or filed date 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 listed in the attached Articles of Organization, if an effective date is listed therein.) |
| 5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.   |

Page 1 of 2

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| Signed this 29th day of Decomber   | _ 20 <u>_ 14</u>                         |                                      |
|--|--|--------------------------------------|
| Signature of Authorized Representative of Lim  | ted Liability Company:                   |                                      |
| Signature of Authorized Representative: Printed Name: Robert K. White                            | Title: Chief Operating Officer           |                                      |
| Signature(s) on behalf of Other Business Entity:   | See below for required signature(s).]    |                                      |
| Signature: Kolean Mite   |  |                                      |
| Printed Name: Robert K. White  | Title: Chief Operating Officer, Knightbo | xx, LC                               |
| Signature:   |  |                                      |
| Printed Name:  | Title:                                   |                                      |
| Signature  |  |                                      |
| Signature:Printed Name:  | _ Title:                                 |                                      |
|  |  |                                      |
| Signature:Printed Name:  | Title:                                   |                                      |
|  |  |                                      |
| Signature:Printed Name:  | Tirla                                    |                                      |
| I I micd Ivanic.   | Title:                                   |                                      |
| Signature:   | mul                                      |                                      |
| Printed Name:  | Title:                                   |                                      |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or                       |  |                                      |
| If Directors or Officers have not been selected, an Inc  | corporator must sign.                    |                                      |
| If Florida General Partnership or Limited Liability Signature of one General Partner.            | ty Partnership:                          |                                      |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of <u>ALL</u> General Partners. | y Limited Partnership:                   |                                      |
| All others: Signature of an authorized person.   |  |                                      |
| Fees:  |  |                                      |
| Articles of Conversion:  | \$25.00                                  | ZOIN DEC 30<br>SECRETAR<br>TALLAHASS |
| Fees for Florida Articles of Organization:   | \$125.00                                 | E R                                  |
| Certified Copy: Certificate of Status:   | \$30.00 (Optional)                       | C 3                                  |
| Certificate of Status:   | \$5.00 (Optional)                        | こうべ 〇                                |

Page 2 of 2

ZOIN DEC 30 PM 1: 57

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| d Liability Company, "L.L.C.," or "LLC.")   |
|---|
|   |
| the principal office of the Limited Liability Company is:   |
|   |
| Mailing Address:  |
| 1 Sleiman Parkway, Suite 270  |
| Jacksonville, Florida 32216   |
| Attention: Chief Operating Officer  |
| stered Office, & Registered Agent's Signature:  n Registered Agent. You must designate an individual or another |
|   |
| n Registered Agent. You must designate an individual or another   |
| on Registered Agent. You must designate an individual or another of the registered agent are:                   |
| rn Registered Agent. You must designate an individual or another of the registered agent are:  K. White  Name   |
| Registered Agent. You must designate an individual or another of the registered agent are:  K. White            |
| rkway, Suite 270  |
|   |

ll accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| "AMBR" = Authorized Member "MGR" = Manager    MGR  | MGR" = Manager   | 1 Sleiman Parkway, Suite 270  |
|--|--|---|
| (Use attachment if necessary)  (OPTIONA ffective date is listed, the date must be specific and cannot be more than five business of days after the date of filing.)  (ILE VI: Other provisions, if any.  (OPTIONA ffective date, if other than the date of filing:   | -  | 1 Sleiman Parkway, Suite 270  |
| (Use attachment if necessary)  TLE V: Effective date, if other than the date of filing: 12-31-14 (OPTIONA ffective date is listed, the date must be specific and cannot be more than five business of days after the date of filing.)  TLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen astitutes an affirmation under the penalties of perjury that the facts stated herein are true.  In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen astitutes an affirmation under the penalties of perjury that the facts stated herein are true.  In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen astitutes an affirmation under the penalties of perjury that the facts stated herein are true.  In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen astitutes an affirmation under the penalties of perjury that the facts stated herein are true.  In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen astitutes an affirmation under the penalties of perjury that the facts stated herein are true.  In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen astitutes an affirmation under the penalties of perjury that the facts stated herein are true.  |  | 1 Sleiman Parkway, Suite 270  |
| (Use attachment if necessary)  (Use attachment if necessary)  (CEV: Effective date, if other than the date of filing: 12-31-14 (OPTIONA)  (OPTIONA)  (OPTIONA)  (Ite VI: Other provisions, if any.  (Ite VI: Other provisions)  (Ite VI: Other provisions, if any.  (Ite VI: Other provisions)  (Ite VI: Other provisions)  (Ite VI: Other provisions)  (Ite VI: Other provisions)  (Ite VI: Other pro |  | Jacksonville, Florida 32216   |
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| Robert K. White, Chief Operating Officer  Typed or printed name of signee  Filing Fees:  | stitutes an affirmation under the penal aware that any false information sub | ilties of perjury that the facts stated herein are true. bmitted in a document to the Department of State |
| Typed or printed name of signee  Filing Fees:  |  | perating Officer  |
| Filing Fees:   | Тур  | ped or printed name of signee   |
| ring rees:   | Tritium Transa   | **************************************  |
| \$125.00 Filing Fee for Articles of Organization and Designation   | riling rees:   | 7-7   |
| . CTD  | \$125.00 Filing Fee for Articles of  | f Organization and Designation  |
| \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2  |  | f Organization and Designation  |
| \$ 5.00 Certificate of Status (Optional)   | of Registered Agent \$ 30.00 Certified Copy (Optiona                         |   |