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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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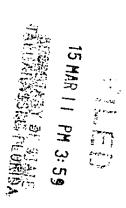
Office Use Only



200267871742

200267871742 12/31/14-01033-013 **35.00

02/24/15--01031--013 **115.00





i e.c.s



January 15, 2015

DAVID WEBSTER 450 N WYMORE RD WINTER PARK, FL 32789

SUBJECT: HAINES WOOD PROPERTY, INC

Ref. Number: W15000003127

We have received your document for HAINES WOOD PROPERTY, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$115.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00000918

COVER LETTER

TO: Amendment Section Division of Corporations
·
SUBJECT: Haines Wood Property, Inc.
Name of Florida Profit Corporation
The enclosed Certificate of Conversion and fee(s) are submitted to convert a Florida Profit Corporation into an "Other Business Entity" in accordance with s. 607.1113, F.S.
Please return all correspondence concerning this matter to:
David Webster
Contact Person
W & P Services, Inc.
Firm/Company
450 N. Wymore Road
Address
Winter Park, FL 32789
City, State and Zip Code
dwebster@wplawyers.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Webster ,,407 ,691-0500
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee S43.75 Filing Fee and Certificate of and Certified Copy and Certificate of Status \$43.75 Filing Fee S43.75 Filing Fee Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Amendment Section Amendment Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327
2661 Executive Center Circle Tallahassee FL 32314

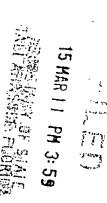
Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles 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

	ess Entity" immediately prior to the filing of the Article	es of Conversion is:
(E	inter Name of Other Business Entity)	
2. The "Other Business Entity" is		
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorp	orated under the laws of Florida	
4/24/1997	(Enter state, or it a non-0.5, entity, the	name of the country)
(date of organization, formation or i	ncorporation)	
3. The name of the Florida Limit	ed Liability Company as set forth in the attached Arti-	cles of Organization:
Haines Wood Property, LLC		
(Enter Nan	ne of Florida Limited Liability Company)	
4. If not effective on the date of f	filing, enter the effective date:	
	e prior to date of receipt or filed date nor more than	
	ne Florida Department of State; <u>AND</u> 2) must be the les of Organization, if an effective date is listed ther	
5. The plan of conversion has bee	en approved in accordance with all applicable statutes.	
	Page 1 of 2	134 134 175 175 175 175 175 175 175 175 175 175



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Signed this 19 day of February	_20 <u>15</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Jasvinder S. Lally	Title: Vice President	-
Signature(s) on behalf of Other Business Entity:		
Signature: Jasvinder S. Lally	Title: Vice President/Director	
Signature:Printed Name:	T:+}a:	•
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		15 J
Fees:		MAR
Articles of Conversion: Fees for Fiorida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	1 PH 3:5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ty Company, "L.L.C.," or "LLC.")	
ncipal office of the Limited Liability Compan	ıy is:
Mailing Address:	
301 S. 10th Street Haines City, FL 33844	
Office, & Registered Agent's Signature: cred Agent. You must designate an individual or another	
egistered agent are:	
Box NOT acceptable)	
FL 32803	
Zip	
accept service of process for the above stated lethis certificate, I hereby accept the appointment ty. I further agree to comply with the provision erformance of my duties, and I am familiar with istered agent as provided for in Chapter 603, F. ature (REQUIRED)	t as s of all h and
iii ii	Mailing Address: 301 S. 10th Street Haines City, FL 33844 Office, & Registered Agent's Signature: red Agent. You must designate an individual or another gistered agent are: Box NOT acceptable) FL 32803 Zip accept service of process for the above stated lethis certificate, I hereby accept the appointment by. I further agree to comply with the provision performance of my duties, and I am familiar with stered agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent as provided for in Chapter 695, Family accept the agent accept the accept the agent accept the agent accept the agent accept the accept the agent accept the accept

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR/VP	Jasvinder S. Lally
711101 (7 7 1	301 S. 10th Street
	Haines City, FL 33844
AMBR/P	Resham S. Lally
	301 S. 10th Street
	Haines City, FL 33844
(17)	
(Use attachment if necessary)	
ICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.)	the date of filing:
n effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any.	st be specific and cannot be more than five business days
effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any.	st be specific and cannot be more than five business days .
effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any.	st be specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a memily and accordance with section 605.0203 constitutes an affirmation under the performance of the performanc	ber or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document of enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State.
REQUIRED SIGNATURE: Signature of a memily (In accordance with section 605.0203 constitutes an affirmation under the polyant aware that any false information constitutes a third degree felony as pro-	ber or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document concludes of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.)
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REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of a member. (a) (1) (b), Florida Statutes, the execution of this document of enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State ovided for in s.817.155, F.S.) Typed or printed name of signee s of Organization and Designation

The name and address of each person authorized to manage and control the Limited Liability