115000084279

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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| · |

Office Use Only



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2015 MAY -6 PM 4: 10
SECRETARY OF STATE
AND ANARCHE FI ORIDA

COVER LETTER

| TO: | Registration S Division of C | | | | |
|---|--|---|-----------------------------------|------------------------------------|--|
| SUBJ | ECT: Mojo To | owers, LLC | | | |
| | | (Name | of Resulting Flor | ida Limite | ed Company) |
| | | | _ | | nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please | return all corre | espondence concernin | g this matter to | o: | |
| Stefa | nie A. Ravent | ill | | | |
| | | (Contact Person) | | | |
| Husc | h Blackwell Ll | _P | | | |
| - | | (Firm/Company) | | | |
| 190 0 | Carondelet Pla | za Suite 600 | | | |
| | | (Address) | | | |
| St. Lo | ouis, Missouri | 63105 | | | |
| | (0 | City, State and Zip Code) | | | • |
| mojo. | mary@live.co | m | | | |
| E-m | ail Address: (to be | e used for future annual re | port notifications |) | |
| For fu | rther information | on concerning this ma | tter, please cal | 1: | |
| Stefa | nie A. Ravenh | ill | _at (314 | _\ 345 | -6209 |
| | (Name of Conta | et Person) | (Area Co | de) (Day | ytime Telephone Number) |
| Enclos | sed is a check for | or the following amou | int: | | |
| (\$25 fo & \$125 | 0.00 Filing Fees Conversion for Articles nization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Fili and Certified C | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Regist Division Clifton 2661 I | ET ADDRESS ration Section on of Corporati Building Executive Center assee FL 3236 | ons er Circle | Regi Divis P. O. | stration : sion of C Box 63: | Corporations |

FILED 2015 MAY -6 PM 4: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

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

| The name of the "Other Busine Mojo Towers | ss Entity" immediately prior to the filing of the Articles of Conversion is: |
|---|---|
| (Er | nter Name of Other Business Entity) |
| 2. The "Other Business Entity" is | a general partnership |
| • | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorpo | rated under the laws of North Carolina |
| on January 1, 2008 | (Enter state, or if a non-U.S. entity, the name of the country) |
| (date of organization, formation or in | corporation) |
| 3. The name of the Florida Limite | d Liability Company as set forth in the attached Articles of Organization: |
| Mojo Towers, LLC | |
| (Enter Name | e of Florida Limited Liability Company) |
| date this document is filed by the | ling, enter the effective date: prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; <u>AND</u> 2) must be the same as the effective es of Organization, if an effective date is listed therein.) |
| The plan of conversion has been | annroved in accordance with all annlicable statutes |

Page 1 of 2

| η ς Λ . Ι | |
|---|---------------------------------------|
| Signed this 25 day of April | 20 <u>15</u> |
| Signature of Authorized Representative of Limi | ted Liability Company: |
| La | . A // |
| Signature of Authorized Representative: | y llary |
| Printed Name: Mary A. King | Title: Mahager |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s).] |
| Signature: MANUALLY Printed Name: Mary A. King | |
| Printed Name: Mary A. King | Title: General Partner |
| Printed Name: Mary A. King Signature: Donathan W. King Printed Name: Jonathan W. King | |
| Printed Name: Jonathan W. King | Title: General Partner |
| Trinica Name. Jerianian VVI Jung | |
| Signature: | |
| Printed Name: | _ Title: |
| • | |
| Signature:Printed Name: | T) 4 |
| Printed Name: | Title: |
| Signature: | • |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | |
| Printed Name: | _ Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer |
| If Directors or Officers have not been selected, an Inc | |
| ,,,,,, | sorbermer man ordin |
| If Florida General Partnership or Limited Liabilit | ty Partnership: |
| Signature of one General Partner. | |
| | |
| If Florida Limited Partnership or Limited Liabilit | y Limited Partnership; |
| Signatures of ALL General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| B | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compa | ny is: |
|---|---|
| Mojo Towers, LLC (Must end with the words "Limited | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of | the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7889 N. Neige Point | 7889 N. Neige Point |
| Cyrstal River, Florida 34428 | Crystal River, Florida 34428 |
| The name and the Florida street address of Mary A. King | Name |
| 7889 N. Neige Point | |
| Florida street address | (P.O. Box NOT acceptable) |
| Crystal River | FL 34428 Zip |
| City | Zip |
| liability company at the place designa registered agent and agree to act in this o statutes relating to the proper and comp | and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and 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 | | |
|--|---|--------------|
| | | |
| MGIN | Mary A. King | |
| | 7889 N. Neige Point | |
| | Crystal River, Florida 34428 | |
| | Official ration, Florida of Fizo | _ |
| MGR | Jonathan W. King | |
| | 7889 N. Neige Point | _ |
| | Crystal River, Florida 34428 | |
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| | • | _ |
| days after the date of filing.) LE VI: Other provisions, if any. | | |
| | | |
| DECLIDED CICNATUDE. | , | |
| REQUIRED SIGNATURE: | 1/ | |
| way a | | |
| Signature of a member accordance with section 605.0203 (1 stitutes an affirmation under the pena | r or an authorized representative of a member) (b), Florida Statutes, the execution of this doculties of perjury that the facts stated herein are trubmitted in a document to the Department of State | ıment 1e. |
| Signature of a member accordance with section 605.0203 (1 stitutes an affirmation under the pena n aware that any false information sulstitutes a third degree felony as provi | r or an authorized representative of a member (b), Florida Statutes, the execution of this doculties of perjury that the facts stated herein are trubmitted in a document to the Department of Stated ded for in s.817.155, F.S.) | ıment 1e. |
| Signature of a member accordance with section 605.0203 (1 stitutes an affirmation under the pena n aware that any false information sulstitutes a third degree felony as provi | r or an authorized representative of a member) (b), Florida Statutes, the execution of this doculties of perjury that the facts stated herein are trubmitted in a document to the Department of State | ıment 1e. |

Page 2 of 2