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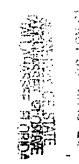
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PICK-UP	☐ WAIT	MAIL
, (Bu	usiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DEC 03 2015

T SCHROEDER

CT

November 30, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9789099 SO

Customer Reference 1:

66081-1

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Florida Key West, Inc (FL) Conversion

Florida

Florida Key West, LLC (FL)

Formation

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com 1

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.

1. The name of the "Other Bus Florida Key West, Inc.	siness Entity" immediately prior to the filing of the Article.	s of Conversion is:
, , , , , , , , , , , , , , , , , , , ,	(Enter Name of Other Business Entity)	
2. The "Other Business Entity"	" is a corporation	
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or inco	orporated under the laws of Flordia	
10/10/1986	(Enter state, or if a non-U.S. entity, the n	name of the country)
(date of organization, formation	or incorporation)	
3. The name of the Florida Lin	nited Liability Company as set forth in the attached Artic	les of Organization:
Florida Key West, LLC		
(Enter)	Name of Florida Limited Liability Company)	
4. If not effective on the date of	of filing, enter the effective date:	
date this document is filed by	of the prior to date of receipt or filed date nor more than by the Florida Department of State; AND 2) must be the rticles of Organization, if an effective date is listed there	same as the effective
5. The plan of conversion has b	been approved in accordance with all applicable statutes.	
		Significant Control

Page 1 of 2

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Signed this 30th	day of <u>November</u>	20_15 .	
		Limited Liability Comp	
Signature of Authori	zed Penrecentative	$C \supset A$	
Printed Name: Cappie	Hose	Title: Authorized Si	gnatory
		tity: (See below for requi	
Signature:			
Printed Name: Cappie	Hose	Title: President	
Signature:			
Printed Name:		Title:	
Signature:	· · · · · · · · · · · · · · · · · · ·		
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
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Printed Name:		Title:	
Signature:			•
Printed Name:		Title:	
<u>If Florida Corporati</u>	on:		
Signature of Chairma	n, Vice Chairman, Direct	or, or Officer. an Incorporator must sign.	

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

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)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Florida Key West, LLC (Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
625 W Bridges Ave Auburndale FL 33823	111 2nd Avenue NE, Suite 1250 St. Petersburg, FL 33701
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
· ·	•
C T Corporatio	n System
1200 South Pine	Sland Road
Florida street address (P.O. Box]	
<u>Plantation</u>	FL 33324
City	Zip
the place devignated in this vertificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliq Chapte	tice of process for the above stated limited liability company al the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
C T Emproration System By: Lucca Four Registered Agent's Signatu	Rebecca Barth, Assistant Secretary
negistered Agent's digitate	in the Course

(CONTINUED)

Page 1 of 2

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	Title:	Name and Address:	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Cappie Hose Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Authorized Member		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Cappie Hose Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		625 W Bridges Ave	_
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		Auburndale FL 33823	-
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			-
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			-
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
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CLE V: Effective date, if other than the date of filing:			-
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:	***************************************		-
CLE V: Effective date, if other than the date of filing:			-
CLE V: Effective date, if other than the date of filing:			-
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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Cappie Hose Typed or printed name of signee	(Use attachment if necessary)		
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Cappie Hose Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	REQUIRED SIGNATURE: Signature of a men (In accordance with section 60)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document	
Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60) constitutes an affirmation under 1 am aware that any false inforr	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State	
Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60) constitutes an affirmation under 1 am aware that any false inforr	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State	
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S 5.00 Certificate of Status (Optional)	REQUIRED SIGNATURE: Signature of a mer (In accordance with section 603 constitutes an affirmation under 1 am aware that any false information constitutes a third degree felony \$125.00 Filing Fee for Articles of Org	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Cappie Hose Typed or printed name of signce Filing Fees:	15 HOV

Page 2 of 2

ARTICLE IV-