L 15000202251

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTAMONTE MANOR LLC
(Name of Resulting Florida Limited Company)

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

Please return all correspondence concerning this matter to:

GARY ABRIOLA
(Contact Person)

ALTAMONTE MANOR LLC
(Firm/Company)

875 WYMORE ROAD #101
(Address)

ALTAMONTE SPRINGS, FLORIDA 32714
(City, State and Zip Code)

gdrmanagement@hotmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

GARY ABRIOLA at (561) 414-4130
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $150.00 Filing Fees ($25 for Conversion & $125 for Articles of Organization)

☐ $155.00 Filing Fees and Certificate of Status

☐ $180.00 Filing Fees and Certified Copy

■ $185.00 Filing Fees, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
ALTAMONTE MANOR FAMILY LIMITED PARTNERSHIP A00000001288.
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED PARTERSHIP.
(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
(Enter state, or if a non-U.S. entity, the name of the country)
on 08-19-2000.
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization:**

ALTAMONTE MANOR LLC.
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 12-1-2015.
(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.)
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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signed this 1 day of December 20 15.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Gary Abriola
Printed Name: GARY ABRIOLA Title: MMGR

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Gary Abriola
Printed Name: GDR MANAGEMENT LLC Title: GENERAL PARTNER

Signature: Gary Abriola
Printed Name: GARY ABRIOLA Title: LIMITED PARTNER

Signature: Dennis J. Abriola
Printed Name: DENNIS J. ABRIOLA Title: LIMITED PARTNER

Signature: Ronald V. Abriola
Printed Name: RONALD V. ABRIOLA Title: LIMITED PARTNER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:
Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ALTAMONTE MANOR 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:**
875 WYMORE ROAD #101	875 WYMORE ROAD #101
ALTAMONTE SPRINGS, FLORIDA 32714	ALTAMONTE SPRINGS, FLORIDA 3271

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GARY ABRIOLA
Name

875 WYMORE ROAD #101
Florida street address (P.O. Box **NOT** acceptable)

ALTAMONTE SPRINGS, FL 32714
City Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Gary Abriola
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	GARY ABRIOLA 875 WYMORE ROAD #101 ALTAMONTE SPRINGS, FLORIDA 32714
MGR	DENNIS J. ABRIOLA 875 WYMORE ROAD #101 ALTAMONTE SPRINGS, FLORIDA 32714
MGR	RONALD V. ABRIOLA 875 WYMORE ROAD #101 ALTAMONTE SPRINGS, FLORIDA 32714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12-1-2015 . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
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.

ARTICLE VI: Other provisions, if any.
Pursuant to Florida Statute this is a conversion of the same ownership entity interests from a Family Limited Partnership to LLC entity and therefore represents no transfer of interest in Real Property and No Deed document stamps are due.

REQUIRED SIGNATURE:

Gary Abriola

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

GARY ABRIOLA
Typed or printed name of signee

Filing Fees

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional) **$ 5.00 Certificate of Status (Optional)**