

L16000023297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

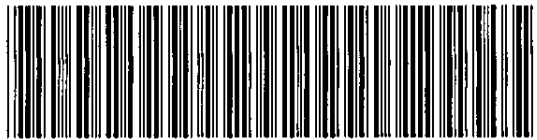
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF COURT

FEB 04 2016

T SCHROEDER

# CT

February 3, 2016

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

Re:      Order #: 9866468 SO  
         Customer Reference 1:   None Given  
         Customer Reference 2:   None Given

Dear Department of State, Florida :

Please obtain the following:

         SHoppes of Silver Springs, LTD. (FL)  
         Conversion  
         Florida

         SHoppes of Silver Springs, LTD. (FL)  
         Obtain Document - Misc - Cert. Copy of Conversion  
         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

**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:  
SHOPPES OF SILVER SPRINGS, LTD. A93-1243  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited partnership  
(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  
on 12/01/1993  
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
SIX GUN ASSOCIATES LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: February 5, 2016.  
(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.

FILED  
16 FEB -2 PM 12:21  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Signed this 1<sup>st</sup> day of February 2016

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Printed Name: MARC GEISERMAN Title: Manager of MJB Management LLC

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

Signature: [Signature]  
Printed Name: MARC GEISERMAN Title: President of G.P. Silver Springs, Inc.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: Sole General Partner of  
Shoppes of Silver Springs, Ltd.

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 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)

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NOTARY PUBLIC STATE  
OF FLORIDA 11081076

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the limited liability company is:

**SIX GUN ASSOCIATES LLC**

**ARTICLE II - Address:**

The street and mailing address of the principal office of the limited liability company is:

**1645 SE 3<sup>rd</sup> Court, Suite 200  
Deerfield Beach, Florida 33441**

**ARTICLE III - Initial Manager**

The limited liability company is manager managed.  
The initial Manager of the limited liability company shall be:

**MJB MANAGEMENT LLC,  
a Florida limited liability company**

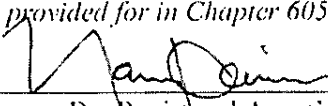
which may act on behalf of the Company and is authorized, empowered and directed to do or cause to be done all such acts or things and to sign and deliver, or cause to be signed and delivered, all documents, instruments and certificates in the name and on behalf of the Company. It shall serve until it shall resign or a replacement shall be elected.

**ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**SOUTHEAST PROPERTY ASSOCIATES, INC.  
1645 S.E. 3<sup>rd</sup> Court  
Suite 200  
Deerfield Beach, FL 33441**

*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.*

  
By: Registered Agent's Signature

(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.)

  
Signature of a member or an authorized representative of a member  
**Marc Geiserman**

**ARTICLE V - The effective date shall be: February 5, 2016**