1160000366

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	:

Office Use Only



900281914519

02/10/16--01015--025 **150.00

16 FEB 10 PN 7: 23
SECRETIARY OF STATE
TALL LHASSEF FLORIO.

DW . FEB 2 2 2016

K. WHITE

Jennifer Fisher

To:

Jennifer Fisher

Subject:

WINDY HILL RANCH LLC

ENCLOSED ARE THE ARTICLES OF ORGANIZATION AND A CHECK IN THE AMOUNT OF \$150.00 FOR THE FILING FEE

JENNIFER FISHER 5890 STATE HIGHWAY 83 N DEFUNIAK SPRINGS, FL 32433

850-585-9547

COVER LETTER

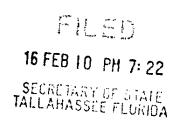
10:	Division of C				
SUBJ	ECT: WINDY	HILL RANCH LLC			
2020			of Resulting Florida Limit	ed Company)	
				nd fees are submitted to convert an "cocordance with s. 605.1045, F.S.	Other
Please	return all corre	espondence concernin	g this matter to:		
JENNI	FER FISHER				
		(Contact Person)			
WIND	Y HILL RANCH	LLC			
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)			
5890 S	TATE HIGHWA	Y 83 N			
		(Address)			
DEFU	NIAK SPRINGS,	FL 32433			
	((City, State and Zip Code)			
JFISH	ER@MWKNB.CO	OM .			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call:		
JENNI	FER FISHER		_at (_850)_585-	9547	
	(Name of Conta	ct Person)	(Area Code) (Da	ytime Telephone Number)	
Enclo	sed is a check f	or the following amou	int:		
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles unization)	☐\$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	
	ET ADDRES	S:	MAILING A		
_	ration Section	iona	Registration		
	on of Corporati n Building	IOHS	Division of G P. O. Box 63		
	Executive Cent	er Circle	Tallahassee,		

Tallahassee, FL 32301

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 Business Entity" immediately prior to the filing of the Articles of Conversion is: WINDY HILL RANCH INCORPORATED - Poa - まいようと
(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 incorporated under the laws of FLORIDA
OCTOBER 12, 2009 (Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
WINDY HILL RANCH LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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.

Page 1 of 2

Signed this 1 day of FEBRUARY	20_16
Signature of Authorized Representative of Limi	ted Liability Company;
Signature of Authorized Representative: Printed Name: JENNIFER FISHER	Title: VP
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: fon to her Printed Name: RON FISHER	Title: PRESIDENT
Signature: Tombe Fisher Printed Name: SENNIFER FISHER	
Signature:Printed Name:	Tida.
Signature: Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	m'.1
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Co	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership;
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONGANIZATION FOR I	LUNIDA LIVITED LIADIMI I QUVIFAN
ARTICLE I - Name:	16 FEB 10 PH 7: 22
The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE FLORIDA
WINDY HILL RANCH LLC.	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5890 STATE HIGHWAY 83 N	5890 STATE HIGHWAY 83 N
DEFUNIAK SPRINGS, FL 32433	DEFUNIAK SPRINGS, FL 32433
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
RON FISHER	
Name	·
5890 STATE HIGHWAY 83 N	
Florida street address (P.O.	Box NOT acceptable)
DEFUNIAK SPRINGS	FL 32433

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..

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR — Manager	RON FISHER
	5890 STATE HIGHWAY 83 N
	DEFUNIAK SPRINGS, FL 32433
MGR	JENNIFER FISHER
	5890 STATE HIGHWAY 83 N
	DEFUNIAK SPRINGS, FL 32433
(Use attachment if necessary)	

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

document's effective date on the Department of State's records.

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.

RON FISHER

Typed or printed name of signee

Filing Fees

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

Page 2 of 2