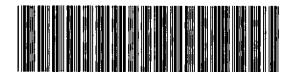
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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# , COVER LETTER

TO: Registration S Division of C				
SUBJECT: Bolon Va	cation Home Rentals, LLC			
5050201.	(Name	of Resulting Florida Limite	d Company)	
			d fees are submitted to convert an "Otheccordance with s. 605.1045, F.S.	er
Please return all corre	espondence concerning	g this matter to:		
Douglas Ray Bolon				
	(Contact Person)			
Bolon Vacation Home R	entals, LLC			
	(Firm/Company)			
2835 Ravines Road				
	(Address)			
Middleburg, Florida 320	68			
	City, State and Zip Code)			
drbolon@att.net				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Douglas Bolon		at (832 ) 841-9	9804	
(Name of Conta	et Person)	(Area Code) (Day	0804 vtime Telephone Number)	
Enclosed is a check f	or the following amou	int:		
\$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	S:	MAILING A	ADDRESS:	
Registration Section		Registration		
Division of Corporat	ions	Division of C P. O. Box 63	•	
Clifton Building 2661 Executive Cent	er Circle	Tallahassee,		
MOOT PRODUCTO COLL	or oneig	. 41141143300,		

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2015

DOUGLAS RAY BOLON 2835 RAVINES ROAD MIDDLEBURG, FL 32068

SUBJECT: BOLON VACATION HOME RENTALS, LLC

Ref. Number: W15000077924

We have received your document for BOLON VACATION HOME RENTALS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must attach or include the articles of organization for the new Florida limited liability company.

We are enclosing the proper form(s) with instructions for your convenience.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 915A00025267

## **COVER LETTER**

TO: Registration Division of C				
	acation Home Rentals, LLC	2		
SUBJECT:	(Name	of Resulting Florida L	imited	d Company)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Douglas Ray Bolon				
## · · · · · · · · · · · · · · · · · ·	(Contact Person)			
Bolon Vacation Home F	Rentals, LLC			
	(Firm/Company)			
2835 Ravines Road				
	(Address)	<del></del>		
Middleburg, FL 32068				
(	City, State and Zip Code)			
drbolon@att.net				
E-mail Address: (to I	be used for future annual re	port notifications)		
For further informati	ion concerning this ma	tter, please call:		
Douglas Bolon		_at ( <u>832</u> )	841-9	804
(Name of Cont	act Person)	(Area Code)	(Day	time Telephone Number)
Enclosed is a check	for the following amou	ınt:		
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	es	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES				DDRESS:
Registration Section		Registrat		
Division of Corporat Clifton Building	tions	Division P. O. Bo		orporations
2661 Executive Cen	ter Circle			FL 32314

Tallahassee, FL 32301



February 1, 2016

DOUGLAS RAY BOLON 2835 RAVINES ROAD MIDDLEBURG, FL 32068

SUBJECT: BOLON VACATION HOME RENTALS, LLC

Ref. Number: W16000006957

The fee for mark registration or renewal is \$87.50 per class. Please make the corrections requested in this letter, if any, and return the application and check for the appropriate amount to the attention of the corporate specialist listed below.

You failed to make the correction(s) requested in our previous letter.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

www.sunbiz.org

Letter Number: 116A00002117

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## **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

1. The name of the "Other Busines Bolon Vacation Home Rentals, LLC	s Entity" immediately prior to the filing of the Articles of Conversion is:
(Ent	er Name of Other Business Entity)
2. The "Other Business Entity" is a	Limited Liability Company
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ated under the laws of Texas
July 16, 2014	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or inc	orporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
Bolon Vacation Home Rentals, LLC	
(Enter Name	of Florida Limited Liability Company)
4. If not effective on the date of fili	ng, enter the effective date:
(The effective date: 1) cannot be date this document is filed by the date listed in the attached Articles	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 of Organization, if an effective date is listed therein.)  s not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been a	approved in accordance with all applicable statutes.

Page 1 of 2

· 1·	
Signed this 18th day of November	20_15
C1	
Signature of Authorized Representative of Limi Signature of Authorized Representative: Printed Name: Douglas Ray Bolon	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Dans & Sola	
Signature: Douglas Ray Bolow	Title: Managing Member
Signature:	
Signature:Printed Name:	Title:
Signature:	<u>, , , , , , , , , , , , , , , , , , , </u>
Signature: Printed Name:	Title:
Signature:Printed Name:	Tido.
Printed Name:	True:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Indiana.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	+ (~p*******)

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
	元 <b>元 元</b> 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元
The name of the Limited Liability Company is	····································
Bolon Vacation Home Rentals, LLC	The Rain Report of the Report
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	orincipal office of the Limited Liability Company is:
	, and a second of party and
Principal Office Address:	Mailing Address:
2835 Ravines Road	2835 Ravines Road
Middleburg, FL 32068	Middleburg, FL 32068
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi	ed Office, & Registered Agent's Signature: stered 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:
Douglas Ray Bolon	
Nam	ne
2835 Ravines Road	
Florida street address (P.C	D. Box NOT acceptable)
Middleburg	FL 32068

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

Title: "AMBR" = Auth		Name and Address:			
"MGR" = Manag AMBR	ger	Douglas Ray Bolon			
WAIDK	<del></del>	2835 Ravines Road	<del> </del>		
		Middleburg, FL 32068	7.00	5	
AMBR		Vickie Bolon	- C	HAR	, , , , . , , , , , , , , , , , , , , ,
		2835 Ravines Road	75 Ed	' 123 (2)	
		Middleburg, FL 32068	17 (0)	PH 4	T
-4.4	_	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	OR OF	4:16	
CONTRACTOR OF THE STATE OF THE		***			
(Use attachment	if necessary)				
(OSO attachmicht		data of filings	(OPTIO)	NAL)	
RTICLE V: Effective	date, if other than the	date of fining:	. (01 120		
RTICLE V: Effective I an effective date is lit or 90 days after the date: If the date inserted in the date i	sted, the date must ate of filing.) his block does not meet t	be specific and cannot be more to the applicable statutory filing requirement	han five busine	ss day:	•
RTICLE V: Effective f an effective date is li or 90 days after the date: If the date inserted in the cument's effective date on the second sec	sted, the date must ate of filing.) his block does not meet the Department of State'	be specific and cannot be more to the applicable statutory filing requirement	han five busine	ss day:	•
RTICLE V: Effective f an effective date is li	sted, the date must ate of filing.) his block does not meet the Department of State'	be specific and cannot be more to the applicable statutory filing requirement	han five busine	ss day:	•

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.

Douglas Ray Bolon

**ARTICLE IV-**

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)

Page 2 of 2