116000073878

| (Re | questor's Name) | |
|---|-------------------|-----------|
| (Address) | | |
| (Address) | | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



300281513603

04/12/16--01036--019 **150.00

الهما

COVER LETTER

| SUBJECT: COIN | ntaa Propert | 4 HOLDERS LLC | · · · · · · · · · · · · · · · · · · · | |
|---|---|--|--|--|
| | (Name | of Resulting Florida Limite | d Company) | |
| | · · | _ | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. | |
| Please return all corre | espondence concernin | g this matter to: | | |
| | | | | |
| HANS | (Contact Person) | | | |
| 111 | (22) | | | |
| NAJACIA | (Firm/Company) | Services | | |
| | man Rd - STE | | | |
| III 2 MKK | (Address) | 100 | | |
| Offando. | Fl 32811 | | | |
| (0 | City, State and Zip Code) | | | |
| NAJACTAX P E-mail Address: (to b | role Gman Compe used for future annual re | port notifications) | | |
| For further information | on concerning this ma | tter, please call: | | |
| HONS NA | TAC | at (407) 41 | 5-4001 | |
| (Name of Conta | ict Person) | | rtime Telephone Number) | |
| Enclosed is a check f | or the following amou | ınt: | | |
| - | - | | , | |
| \$150.00 Filing Fees (\$25 for Conversion | \$155.00 Filing Fees and Certificate of | ☐\$180.00 Filing Fees and Certified Copy | ☐\$185.00 Filing Fees, Certified Copy, and | |
| & \$125 for Articles | Status | and Certified Copy | Certificate of Status | |
| of Organization) | | | | |
| STREET ADDRES | S: | MAILING A | ADDRESS: | |
| Registration Section | | Registration S | | |
| Division of Corporat | ions | | Division of Corporations | |
| Clifton Building | an Cinala | P. O. Box 632 | | |
| 2661 Executive Cent | ei Circle | Tallahassee, l | FL 32314 | |

Tallahassee, FL 32301

TO: Registration Section Division of Corporations

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: Cointag Property Holders, Inc. Pry 2009 97207 (Enter Name of Other Business Entity) |
|--|
| (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 |
| |
| on 1212014 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| COINTAA PROPERTY HOLDERS, LLC. (Enter Name of Florida Limited Liability Company) |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 4/15/2016. |
| (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. |

| Signed this signed this day of Alpa | |
|---|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: Hans NAJAc | Title: LA |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: Printed Name: Exther Hohards | Title: <i>Mbv</i> |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: Printed Name: | Title: |
| Signature | |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili | corporator must sign. |
| Signature of one General Partner. | ty Larthership. |
| If Florida Limited Partnership or Limited Liabilic Signatures of ALL General Partners. | ty 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

ARTICLE I - Name:

| The name of the Limited Liability Company is: | | | | |
|--|--|--|--|--|
| COINTA PROPERTY HOLDERS, 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 pri | incipal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 4821 MATTEO TRL OPlando, Pl 32839 | 4821 MATTED TRL ORlando, Fl 32839 | | | |
| 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 re | egistered agent are: | | | |
| HANS NAJA | łc | | | |
| Florida street address (P.O. | Box NOT acceptable) | | | |
| <u>ORlando</u> City | FL 32811 Zip | | | |
| liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S | | | |
| | | | | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Company: | |
|--|--|
| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
| NGR - Wallager | ESTHER PichARDO |
| | 4821 MATTED TRI |
| | orlands, fl 32839 |
| | |
| | |
| | |
| | |
| , | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| or 90 days after the date of filing.) | be specific and cannot be more than five business days prior the applicable statutory filing requirements, this date will not be listed as the 's records. |
| | |
| RECHIRED SIGNATURE: | |
| REQUIRED SIGNATURE: | |
| Taux V | ojai |
| Signature of a membe This document is executed in a I am aware that any false inform | er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S. |
| Signature of a member This document is executed in a lam aware that any false informations that are the constitutes a third degree felony | accordance with section 605.0203 (1) (b), Florida Statutes. Ination submitted in a document to the Department of State y as provided for in s.817.155, F.S. |
| Signature of a member This document is executed in a I am aware that any false informations that are the constitutes a third degree felony | ped or printed name of signee |
| Signature of a member This document is executed in a I am aware that any false inform constitutes a third degree felony HANS N | accordance with section 605.0203 (1) (b), Florida Statutes. Ination submitted in a document to the Department of State |
| Signature of a member This document is executed in a lam aware that any false inform constitutes a third degree felony | accordance with section 605.0203 (1) (b), Florida Statutes. Ination submitted in a document to the Department of State as provided for in s.817.155, F.S. |

Page 2 of 2

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-