L16000074743

(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:
(07016)



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03/15/16--01018--026 **150.00

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W16 -02/732



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2016

BRUCE BRASHEAR 925 N.W. 56TH TERR., STE. C GAINESVILLE, FL 32605

SUBJECT: AFFILIATED PROPERTY MANAGEMENT, LLC

Ref. Number: W16000021732

We have received your document for AFFILIATED PROPERTY MANAGEMENT, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 916A00005984

RECEIVED

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COVER LETTER

то:	Registration S Division of C					
CUDI		Property Management, L	LC			
SOR	EC1:	(Name	of Resulting Florida L	imite	ed Company)	
					nd fees are submitted to convert an ecordance with s. 605.1045, F.S.	ı "Other
Please	e return all corr	espondence concernin	g this matter to:			
Bruce	Brashear					
		(Contact Person)				
Brasho	ear & Assoc., PL					
		(Firm/Company)				
925 N	W 56th Terr, Suite	· C				
-		(Address)				
Gaines	sville, FL 32605					
-		City. State and Zip Code)				
bbrash	ear@nflalaw.com	·				
		e used for future annual re	port notifications)			
l or tu	rther informati	on concerning this ma	tter, please call:			
Bruce	Brashear		_at (352)	336	-0800	
	(Name of Conta	et Person)		(Day	ytime Telephone Number)	
Enclo	sed is a check t	or the following amou	int:			
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	ees	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILIN	IG A	ADDRESS:		
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
	n Building Executive Cent	or Cirolo	P. O. Box		27 FL 32314	
2001	EVERTING COM	CI CIICIC	i ananas:	SCC.	FL 34314	

Tallahassee, FL 32301

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 Affiliated Property Management, Inc.	on is:
(198 - 072510) (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	
First organized, formed or incorporated under the laws of State, or if a non-U.S. entity, the name of the court (date of organization, formation or incorporation).	ury)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organ Affiliated Property Management, LLC	ization;
(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 date this document is filed by the Florida Department of State; AND 2) must be the same as the 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 document's effective date on the Department of State's records.	effective
5. The plan of conversion has been approved in accordance with all applicable statutes	

Signed this day of February	20_16
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: L Printed Name: Robert J. Harvey	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Omald 3 Forem. Printed Name: Donald G. Foreman	1 /
Printed Name: Donald G. Foreman	Title: President
Signature:Printed Name:	
Printed Name	FRIC
Signature: Printed Name:	Title:
Signature: Printed Name:	(6).1
Printed Name:	Fitte:
Signature: Printed Name:	Title:
Signature. Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ampany is:		
The famile of the families that the first of the families of t			
Affiliated Pr	operty Management, Ll.	.c	
(Must end with the words "L	united Liability Company,	"LLC." or LLC.")	NAME OF THE PARTY
ARTICLE II - Address:			
The mailing address and street addres	s of the principal of	fice of the Limited Li	ability Company is:
Principal Office Address:	<u>Mailing</u>	g Address:	
14506 NW 11th PL	14506 N	W 11th PL	
Newberry, Fl. 32669		y. FL 32669	**************************************
			M. salvanavida kananana m. sapan
ARTICLE III - Registered Agent, Is The I muted Lability Company counct serve as a business entity with an active Florida registration	ts own Registered Agent. \	₹ Registered Agent's r'on must designate an indivi	Signature: dual or mother
The name and the Florida street addre	ss of the registered :	agent are:	
	Robert J. Harvey		
	Name		
	14506 NW 11th PL		
Florida street add	lress (P.O. Box <u>NO</u>	$\overline{\mathbf{r}}$ acceptable)	
	Newberry. 14	32669	
Cit	Newberry. FL.	Zip	
Having been named as registered of liability company at the place des registered agent and agree to act in statutes relating to the proper and a accept the obligations of my posi-	agnated in this certif this capacity. I furth complete performanc	icate, I hereby accept , wer agree to comply wit we of my duties, and I c	the appointment as th the provisions of all un familiar with and
-	ent's Signature (RE)	QURED)	13
`			
	Page 1 of 2		

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- 23	18		 г.	1 1

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

<u>Title:</u>	Name and Address:	Name and Address:			
"AMBR" = Authorized Member					
"MGR" = Manager					
MGR	Robert J. Harvey				
	14506 NW 11th PL				
	Newberry, FL 32669				
(A A contraction of the contract apply of any angular apply of the contract apply of th					
	And a second sec				
(Use attachment if necessary)					
(a se titule in the containty)					
retiment's effective date on the Department of : RTICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listate's records. spany.	sted as th			
REQUIRED SIGNATURE:					
Signature of a me	mber or an authorized representative of a member	15.7			
This document is executed	I in accordance with section 605.9203 (1) (b), Florida Statutes, 🕒 👝				
I am aware that any false in	nformation submitted in a document to the Department of State				
constitutes a third degree f	elony as provided for in s.817.155.15				
l l	DI + T + Color				
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\$125.00 Filing Fee for Artic \$-30.00 Certified Copy (Op	Typed or printed name of signal Filing Fees Filing Fees Ges of Organization and Designation of Registered Agent	10			