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

Office Use Only



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APR 19 2016 S. GILBERT

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: COINTA PROPERTY Holders of CASSEIBERRY, LLC. (Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

HANS A	LAJAC		
•	(Contact Person)		
NATAC TAX	Firm/Company)	<u>services</u>	
7715 Kir	Kman Rd - 5" (Address)	TE 106	
Offando,	FI 32811 City, State and Zip Code)		
	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Hours NAJ	AC	at (407) 4	15-4001
(Name of Conta		(Area Code) (Day	time Telephone Number)
Enclosed is a check f	or the following amou	nt:	
\$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 S	Section
Division of Corporat	ions	Division of C	Corporations
Clifton Building		P. O. Box 633	27

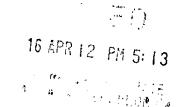
Tallahassee, FL 32314

INHS11 (06/15)

2661 Executive Center Circle

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: CONTA PROPERTY HODERS OF CASSEIBERM, INC. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corbo Ration . (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Cointa Property Holders of Cassel Berry, Luc. (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.

Page 1 of 2

Signed this 8 th day of Alex1	_20 16
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: HANG WATAC	Title: RA
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name:	_ Title: Mov
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
O'c make was	
Signature:Printed Name:	Title:
Timos ramo.	
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability 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

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Wailing Address:

4821 MATTEO TRL

ORlando, Pl 32839

Orlando, Fl

4821 MATTED TRL ORlando, Fl 32839

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered 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:

HANS NAJAO

771 S KIRK MAN R. - STE 106
Florida street address (P.O. Box NOT acceptable)

ORlando

FL 32811

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Company:	Ny and Addition
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u> MGR</u>	ESTHER PichARDO 4821 MATTED TEL ORLANDE, FI 32839
,	
(Use attachment if necessary)	
or 90 days after the date of filing.) te: If the date inserted in this block does not meet the cument's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as to records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member	r an authorized representative of a member.
I am aware that any false informations at third degree felony.	ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
<u> </u>	AJAc ped or printed name of signee
\$125.00 Filing Fee for Articles of	Filing Fees f Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optiona	al) \$ 5.00 Certificate of Status (Optional) Page 2 of 2

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

ARTICLE IV-