L16000120050

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JUN 28 2016 T SCHROEDER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/27/2016

NAME: VA Johnson Willers Landing, LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Articles of Conversion Por "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.

Jtatutos:	
1. The name of the "Other Business Entity" immediately pri	or to the filing of the Articles of Conversion is:
(Enter Name of Other Business En	tity)
2. The "Other Business Entity" is a limited liability company	
. (Enter entity type. Example:	corporation, limited partnership, ion law or business trust, etc.)
First organized, formed or incorporated under the laws of	ginia
09/16/2009 (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 se VA Johnson Millers Landing, LLC	
(Enter Name of Florida Limited Liability Co	
4. If not effective on the date of filing, enter the effective date.	e:
The effective date: 1) cannot be prior to date of receipt of late this document is filed by the Florida Department of late listed in the attached Articles of Organization, if an object 16 the date inserted in this block does not meet the applicable status locument's effective date on the Department of State's records.	State; AND 2) must be the same as the effective effective date is listed therein.)
5. The plan of conversion has been approved in accordance v by VA Johnson Millers Landing, LLC hereby agrees to pay to the member which such members are entitled under Sections 605.1006 and 605.1061	rith all applicable statutes, s of any limited liability company with appraisal rights the amount to through 605.1072 of the Florida Revised Limited Liability Company
Act. Page 1 of 2	2

Signed this 2412 day of June	20 16
Signature of Authorized Representative of Lin	nited Liability Compulay:
Signature of Authorized Representative: Printed Name: Steven E. Johnson	Title: Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Steven E, Johnson	Title: Member
Signature: Printed Name:	Title
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Titlé:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
<u>If Florida General Partnership or Limited Llabili</u> Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili 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)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
VA Johnson Millers Landing, LLC	·
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC?")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address
Timetpar Otnee Address:	Mailing Address:
2563 Players Ct	2563 Players Ct
Wellington, FL 33414	Wellington, FL 33414
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Plorida registration.) The name and the Florida street address	sistered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
Capitol Corporate Service	
	Name
155 Office Plaza Drive,	Suite A
	ss (P.O. Box NOT acceptable)
	• •
Tallahassec City	<u>FL 32301</u> Zip
City	Δıp
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	t and to accept service of process for the above stated limited thated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S A Hu
(CO	NTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Steven E. Johnson
	2563 Players Ct
•	Wellington, FL 33414
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
ffective date is listed, the date must	e date of filing: <u>June 28, 2016</u> . (OPTIONAL) be specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business day the applicable statutory filing requirements, this date will not be list
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet it's effective date on the Department of State's	be specific and cannot be more than five business day the applicable statutory filing requirements, this date will not be list s records.
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ARTICLE IV-