# L16000120063

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## FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:	6/27/2016
NAME:	VA Johnson Greeneville II, LLC
түре о	F FILING: CONVERSION
COST:	150.00
RETUR	v: Plain
ACCOU	INT: <b>FCA00000015</b>
AUTHO	RIZATION: ABBIE/PAUL HODGE

#### **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 Busines VA Johnson Greeneville II, LLC	is Entity" immediately prior to the filing of the Articles of Conversion is:
	er Name of Other Business Entity)
2. The "Other Business Entity" is a	limited fiability 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 Virginia
04/27/2012	(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:
VA Johnson Greeneville II, LLC	
(Enter Name o	of Florida Limited Liability Company)
4. If not effective on the date of fili	ng, enter the effective date: June 28, 2016
(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; AND 2) must be the same as the effective is 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
6 VA Johnson Greeneville II, LLC hereby a	approved in accordance with all applicable statutes, agrees to pay to the members of any limited liability company with appraisal rights the amount to ctions 605.1006 and 605.1061 through 605.1072 of the Florida Revised Limited Liability Company
Act.	Page 1 of 2

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Signed this 2474 day of June	20_16
Signature of Authorized Representative of Lin	ited Liability Company:
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: Printed Name: Steven E. Johnson	Title: Member
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
6'	
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	a a meranga
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

ECNETARY OF SIAIS

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITI	ED LIABILITY CO	<b>MPANY</b>
ARTICLE I - Name:			
The name of the Limited Liability Company is	:		
VA Johnson Greeneville II, LLC			
(Must end with the words "Limited Liabi	lify Company, "L.L.C.," or "	LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rivainal office of the l	Limited Liability Co.	mnany ie:
the maining address and street address of the p	interpar office of the i	Smilled Blabinty Col	inpany is.
Principal Office Address;	Mailing Address:		
2563 Players Ct	2563 Players Ct		
Wellington, FL 33414	Wellington, FL 33414	1	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		· · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	l Office, & Registere tered Agent. You must desig	ed Agent's Signatur nate an individual or anothe	e: :r
The name and the Florida street address of the r	registered agent are:		
Capitol Corporate Services, Inc.			
Name	>	<del>delinitation</del>	
155 Office Plaza Drive, Suite A			
Florida street address (P.O	. Box <u>NOT</u> acceptabl	e)	
Tallahassee	FL 32301		
City	Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I here ity. I further agree to derformance of my dut	by accept the appoint comply with the provi ies, and I am familiar	tment as isions of all with and
Knoa S	Au.		
Registered Agent's Sign	ature (REQUIRED)	25 (J. C.	16
(CONTIN	UED)		16 JUH 27
	•	(a.b.) (b.2) (b.2)	27
Page 1 of	2	ية من ريس ريس ريس	
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			7. 20
		F. T. C. P.	

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. . .

"AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Steven E. Johnson		
	2563 Players Ct		
	Wellington, FL 33414		
•			
**************************************			
(Use attachment if necessary)			
	pe specific and cannot be more than five business d	mya pri	ıor
or 90 days after the date of filing.)	e applicable statutory filing requirements, this date will not be	• •	
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-