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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 Browns Mill Pointe, LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: 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 Business Entity" immediately prior to the filing of the Articles of Cor VA Browns Mill Pointe, LLC	nversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a limited liability company	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of Virginia	
09/16/2009 (Enter state, or if a non-U.S. entity, the name of the	ie country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of O VA Browns Mill Pointe, LLC (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: June 28, 2016	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days date this document is filed by the Florida Department of State; AND 2) must be the same as 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 document's effective date on the Department of State's records.	the effective
5. The plan of conversion has been approved in accordance with all applicable statutes, 8. VA Browns Mill Pointe, LLC hereby agrees to pay to the members of any limited liability company with appraisal rigits such members are entitled under Sections 605 1006 and 605.1061 through 605 1072 of the Florida Revised Limited Li	
Page 1 of 2	

Signed this 24th day of June	20_16	
Signature of Authorized Representative of Lin	Add Liability Company:	
Signature of Authorized Representative: Printed Name: Steven E. Johnson	Title: Member	
Signature(s) on bonalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Printed Name: Steven E. Johnson	Title: Member	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:	Title:	
Signature:		
Signature:Printed Name:	Title;	
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
<u>If Florida General Partnership or Limited Liabili</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,		D*O*
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)	KRY OF 3 KSSEE, FLO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
VA Browns Mill Pointe, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		A Carbina Camarana Sa
The mailing address and street address of t	ne principal office of the Limite	a Liability Company is:
Principal Office Address:	Mailing Address:	
2563 Players Ct	2563 Players Ct	
Wellington, FL 33414	Wellington, FL 33414	
		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	
Capitol Corporate Services	Inc.	
1	Name	
155 Office Plaza Drive, Sui	ie A	
	(P.O. Box NOT acceptable)	
Tallahassee	FL 32301	
City	Zip	
Having been named as registered agent a liability company at the place designal registered agent and agree to act in this co statutes relating to the proper and comp accept the obligations of my position a	ed in this certificate, I hereby acc apacity. I further agree to comply lete performance of my duties, an as registered agent as provided fo	cept the appointment as y with the provisions of all ad I am familiar with and
- Late	a Au	
Registered Agent's	Signature (REQUIRED)	
(CON	TINUED)	
Pag	ge 1 of 2	JUN 27 AM 8: 2 GREENRY OF STAIL AHASSEE FLORE
		5 22

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Steven E. Johnson
	2563 Players Ct
	Wellington, FL 33414
the state of the s	
(Use attachment if necessary) ICLE V: Effective date, if other than the	e date of filing: June 28, 2016 . (OPTIONAL)
TICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	the applicable statutory filing requirements, this date will not be listed a records.
FICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet them,'s effective date on the Department of State.	be specific and cannot be more than five business days the applicable statutory filing requirements, this date will not be listed a records.
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PICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet thent's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE	the applicable statutory filing requirements, this date will not be listed as records.
PICLE V: Effective date, if other than the defective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet the date inserted in the Department of State. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in action and am aware that any false inform	the applicable statutory filing requirements, this date will not be listed as records.

\$ 30.00 Certified Copy (Optional)
Page 2 of 2

ARTICLE IV-