## L16000/5223/

(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:
File Date Aus 5, will

Office Use Only



800288633578

08/09/16--01008--019 \*\*155.00



1/11

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Blu Lot Properties LLC	<b>;</b>	
(Name	of Resulting Florida Limi	ted Company)
Business Entity" into a "Florida Limited L	iability Company" in	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	•
James Morris		
(Contact Person)		
Anderson Business Advisors		
(Firm/Company)		
3225 McLeod Drive, Suite 100		
(Address)		
Las Vegas, Nevada 89121		
(City, State and Zip Code)		
ra@andersonadvisors.com		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	atter, please call:	
James Morris	_at (800 )70	6-4741
(Name of Contact Person)	(Area Code) (D	aytime Telephone Number)
Enclosed is a check for the following amount	unt:	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$2\$155.00 Filing Fees and Certificate of Status	S180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING	ADDRESS:
Registration Section	Registration	Section
Division of Corporations		Corporations
Clifton Building	P. O. Box 6	327

Tallahassee, FL 32314

INHS11 (06/15)

2661 Executive Center Circle Tallahassee, FL 32301

FILED

## **Articles of Conversion**

For

2016 AUG -5 PM 1:56

"Other Business Entity"

SET SELVEY OF STATE
TALLAHASSEE, FLORIDA

Florida Limited Liability Company 1/2

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion 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
June 14, 2013  (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Blue Lot Properties LLC
(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 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 27th day of July	<sub>20</sub> 16	FILED
Signature of Authorized Representative of Limi	ted Liability Company:	2016 AUG -5 PM 1:56
Signature of Authorized Representative: Printed Name: Gregg Landis	Title: Manager	TALLAHASSEE, FLORIDA
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	·
Signature: Printed Name: Gregg Landis		<del></del>
Printed Name: Grady candis	Title: Manager	<del></del>
Signature:Printed Name:		
Printed Name:	Title:	<del></del>
Signature:		
Signature: Printed Name:	Title:	<del></del>
Signature:		!
Signature: Printed Name:	Title:	<del> </del>
Signature		,
Signature:Printed Name:	_ Title:	<del></del>
Signature:Printed Name:	Title:	<del></del>
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an Ind		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
•		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ly Limited Partnership:	:
All others: Signature of an authorized person.		
<u>Fees:</u>		
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

ARTICLE I - Name:		
The name of the Limited Liability Company i	is:	
Blu Lot Properties LLC		
(Must end with the words "Limited Lia	ability Company, "L.IC.," or "LI.C.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
60 E. Simpson Avenue, Box 2869	60 E. Simpson Avenue, Box 2869	
Jackson, Nevada 89423	Jackson, Nevada 89423	
		2016
	red Office, & Registered Agent's Signature:	FILED
The name and the Florida street address of the	FLO	PH 1:56
Anderson Registered Agents, Inc	<del></del>	 
Na	ame Of	5
1000 North Washington Boulevan	erd	
Florida street address (P	P.O. Box NOT acceptable)	
Sarasota	FL 34236	
City	Zip	

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

	2016 AUG -5 PM
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  SECRETARY UPSTALLARASSEE, FLO
MGR	Gregg Landis
	60 E. Simpson Avenue, Box 2869
	Jackson, Nevada 89423
	•
(Use attachment if necessary)	e date of filing: (OPTIONIA
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State	e date of filing: (OPTIONAl be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be 's records.
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet	be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State	be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State.  CLE VI: Other provisions, if any.	be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must 10 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of this document is executed in a lam aware that any false inform	be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must 10 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of this document is executed in a lam aware that any false inform	the applicable statutory filing requirements, this date will not be 's records.  Per or an authorized representative of a member.  Accordance with section 605.0203 (1) (b), Florida Statutes.  Ination submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

Page 2 of 2