(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only

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8 : :

September 23, 2016

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 10175145 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Secretary of State, Florida:

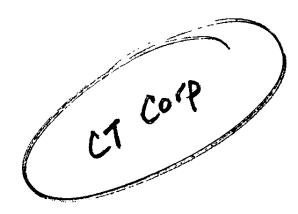
Please obtain the following:

Lehman LLC (MI) Post Conversion Florida

Lehman Property LLC (FL) Formation Florida

Lehman Property LLC (FL) Certificate of Status-Domestic Florida

Lehman Property LLC (FL) Cert Copy of Articles of Org Florida



Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,



# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2016

CT CORP

SUBJECT: LEHMAN PROPERTY LLC

Ref. Number: W16000066014

We have received your document for LEHMAN PROPERTY LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 516A00020592

\*RE-SUBMIT\*
Places relain original filing
date of submission \_9/23

www.sunbiz.org

16 SEP 26 AM 6: 13

# 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 \$ 605,1045. Florida Statutes.

I FILMAN LIA	(Enter Name of Other Business Fanty)
2. The "Other Business line	tity" is a finited liability company (Enter entity type: Example, corporation, limited paramership.
	(Enter entity type: Example, corporation, limited partnership, general partnership, common law or business trust, etc.)
Fusi organized, formed or a	ncorporated under the laws of Michigan (Finter state, or it a non-U.S. entity, the name of the country)
on 6-13-2014 (date of organization, format)	(Finter state, or if a non-U.S. entity, the name of the country)
(date of organization, formati	en or acorporation
3. The name of the Florida	Limited Liability Company as set forth in the attached Articles of Organization
, , , , , , , , , , , , , , , , , , , ,	
LIMMAN PROPERTY 117	
LEHMAN PROPERTY LLC	ter Name of Florida Limned Liability Company)
LEHMAN PROPERTY LLC. (Em	ter Name of Florida Limited Liability Company) to of filling, enter the effective date:
4. If not effective on the da (The effective date: 1) can date this document is filed	ter Name of Fforida Cimited Liability Company)

Page 1 of 2

prime to a camping or or

Signed this day of September	30.16
Signature of Authorized Representative of Lim	
Signature of Authorized Representative	in A A
Printed Same Seris & Kirdli	
Signuture(s) on behalf of Other Business Entity:	
Printed Jame Lovense F. Lenz S.	
Printed Jame Lovense H. Lenz. St.	Title Vice President
Signature.	and the second of the second o
Printed Name.	1 itie
Signature,	
Printed Same	Title:
Signature	
Printed Nume:	I ale
Signature:	
Signature: Printed Name.	Title.
Stonature:	
Signature: Printed Name:	Title
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors of Officers have not been selected, an In-	codeargo, umer ziku
If Florida General Partnership or Limited Linbih Signature of one General Partner.	ts 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.	
Figgs	
Atticles of Conversion	\$25.00
Fees for Florida Articles of Organization	\$125.00
Certified Copy	\$30.00 (Optional)
Certificate of Status	\$\$ 00 (Ontomal)

Page 2 of 2

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is	:
LEHMAN PROPERTY LLC	
(Must end with the words of imited Liabi	hry Company, "L. L.C.," or "LLC")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
The maining address and street address of the p	incipal office of the Entitled Elability Company is:
Principal Office Address:	Mailing Address:
2032 Hillview, Sarasota, FL 34239	2032 Hillyley, Sarasota, FL 34239
The state of the s	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the i	redistered agent are
	og
C F Corporation System	
Name	•
1200 South Pine Island Road	
Florida street address (P.O	. Box NOT acceptable)
Plantation	FL 33324
City	Zip
hability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, F.S
CT Corporation System	m 21.0
Registered Agent's Sign	nture (REQURED)
(CONTIN	UED)

Page Lof 2

pliner & the will indick confirming

Title:	Name and Address:
"AMBR" = Authorized Member	. vanie and Acta (\$33.
"MGR" = Manager	
AMBR & MGR	Randall Pittman
	2032 Hillyiew, Sarasota, 11, 34239
	Show on applications and the second s
<del></del>	
	P 15 . 1 March 1984 William Arms P Williams 1984 Will Approximate March 1984 Williams 1984 Williams 1984 Williams
Use attachment if necessary)	
fective date is listed, the date must b	date of filing: (OPTIONA be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  LE VI: Other provisions, if any.	date of filing:, (OPTIONA be specific and cannot be more than five business d
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Tective date is listed, the date must be days after the date of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member accordance with section 605,0203.  Stitutes an affirmation under the penal	or an authorized representative of a member.  (b), Florida Statutes, the execution of this document the of periors that the facts stated herein are true.
days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605,0201.  Stitutes an affirmation under the penal aware that any false information sub	opan, authorized representative of a member.  (b), Florida Statutes, the execution of this document the of perjury that the facts stated herein are true, amitted in a document to the Department of State.
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Signature of a member accordance with spetton 605.0201.  Signature of a member accordance with spetton 605.0201.  Stitutes an affirmation under the penal of aware that any false information substitutes a third degree felony as provided that the specific of the stitutes of Filing Fees:  S125.00 Filing Fee for Articles of	opan, authorized representative of a member.  (b), Florida Statutes, the execution of this document the facts stated herein are true, mitted in a document to the Department of State ded for in s.817.155, F.S.)  H. Lenz Jr. Vice Proceeding  Organization and Designation

ARTICLE IV-