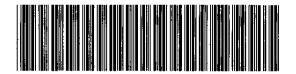
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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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W16-067644



October 3, 2016

ERIC JACOBS 1691 MICHIGAN AVE., #360 MIAMI BCH., FL 33139

SUBJECT: CJB N. WALTON, LLC Ref. Number: W16000067644

We have received your document for CJB N. WALTON, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 116A00021157

COVER LETTER

| TO: Registration S Division of Co | | | | | | |
|--|---|------------|----------------------------------|--------|--|--|
| SUBJECT: CJB N. W | alton, LLC | | | | | |
| SUBJECT: | (Name | of Resu | lting Florida I | imited | d Company) | |
| | | | - | | d fees are submitted to co ecordance with s. 605.104 | |
| Please return all corre | spondence concerning | g this 1 | matter to: | | | |
| | Eric A. Jacobs, Esq. | | | | | |
| | (Contact Person) | | | | | |
| | Nexterra Law | | | | | |
| | (Firm/Company) | | | | | |
| 1691 N | Michigan Avenue, Suite 36 | 50 | | | | |
| | (Address) | | | | | |
| Mi | ami Beach, FL 33139 | | | | | |
| (C | City, State and Zip Code) | . <u>-</u> | | | | |
| ejac | cobs@nexterralaw.com | | | | | |
| E-mail Address: (to be | used for future annual re | port not | ifications) | | | |
| For further information | on concerning this ma | tter, pl | ease call: | | | |
| Eric A. Jacob | s, Esq. | at (_ | 305 | | 695-2699 | |
| (Name of Contac | et Person) | (_ | (Area Code) | (Day | time Telephone Number) | |
| Enclosed is a check for | or the following amou | nt: | | | | |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | | 80.00 Filing F Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| STREET ADDRESS | S: | | | | ADDRESS: | |
| Registration Section Division of Corporati | one | | Registra | | Section Corporations | |
| Clifton Building | OHS | | P. O. Bo | | | |
| 2661 Executive Center | er Circle | | | | FL 32314 | |

INHS11 (06/15)

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 CJB V | y" immediately prior to the filing of the Articles of Conversion is: Valton, LLC |
|--|---|
| (Enter Name | of Other Business Entity) |
| 2. The "Other Business Entity" is a | LLC |
| The state of the s | entity type. Example: corporation, limited partnership, eral partnership, common law or business trust, etc.) |
| First organized, formed or incorporated un | der the laws of |
| 05/01/2013 | (Enter state, or if a non-U.S. entity, the name of the country) |
| (date of organization, formation or incorporation | on) |
| 3. The name of the Florida Limited Liabil | ity Company as set forth in the attached Articles of Organization: |
| CJB N. Wa | alton, LLC |
| (Enter Name of Florid | da Limited Liability Company) |
| (The effective date: 1) cannot be prior t date this document is filed by the Florid date listed in the attached Articles of Or | ter the effective date: to date of receipt or filed date nor more than 90 days after the a Department of State; AND 2) must be the same as the effective reganization, if an effective date is listed therein.) the the applicable statutory filing requirements, this date will not be listed as the ate's records. |
| 5. The plan of conversion has been approv | ed in accordance with all applicable statutes. |

Page 1 of 2

SECRETARY OF SAME

| Signed this3 day of \\ | _20 <u>_16</u> | | | | | |
|---|--|--|--|--|--|--|
| Signature(s) on behalf of Stheresentative of Limit | | | | | | |
| Signature of | | | | | | |
| Signature of Printed Name: Christian Briggs | Title: President | | | | | |
| Signature(s) on behalf of other Business Entity: [| | | | | | |
| Signature: | | | | | | |
| Signature: Christian Briggs | Title: President | | | | | |
| Signature: | | | | | | |
| Printed Name: Julie Briggs | Title: Secretary | | | | | |
| Signature: | | | | | | |
| Printed Name: | | | | | | |
| Siturn | | | | | | |
| Signature: Printed Name: | Title: | | | | | |
| | | | | | | |
| Signature: | | | | | | |
| Printed Name: | Title: | | | | | |
| Signature: | | | | | | |
| Printed Name: | Title: | | | | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. | | | | | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y an encionipi | | | | | |
| If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. | | | | | | |
| 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) | | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1,

| | ne: mited Liability Company | is: | | | |
|--|--|----------------------|----------------------|--------------------------|--|
| | CJB N. Walto | | | | |
| (Mu | st end with the words "Limited Liz | ability Company, ' | "L.L.C.," or "LLC.") | | |
| ARTICLE II - Ad The mailing addres | dress: s and street address of the | principal off | ice of the Limite | ed Liability Company is: | |
| Principal Office A | ddress: | Mailing | Address: | | |
| 605 Line | oln Road | | 3267 Bee Caves F | Road | |
| Suite 250 | | | Suite 107-122 | | |
| Miami Bea | ch, FL 33139 | | Austin, TX 7874 | 16 | |
| (The Limited Liability Co business entity with an a | egistered Agent, Register ompany cannot serve as its own Re active Florida registration.) Florida street address of th | egistered Agent. Y | ou must designate an | | |
| | Fric A | Jacobs, Esq. | | | |
| | | ime | | | |
| | | | | | |
| | 1691 Michigan A | | | | |
| | Florida street address (P | 7,0. Box <u>NO .</u> | <u>r</u> acceptable) | | |
| | Miami Beach | FL | 33139 | | |
| | City | | Zip | | |
| Havina been nai | ned as registered/agent and any at the place/designated | | rvice of process f | | |

| 4 | DOD | \sim | _ | |
|---|-----|--------|-----|-----|
| А | K I | СТ | ъĸ. | IV- |

The name and address of each person authorized to manage and control the Limited Liability Company:

| AMBR" = Authorized Member MGR" = Manager MGR MGR | Christian Briggs 3267 Bee Caves Road, Suite 107-122 | | |
|--|--|------------------------|--|
| MGR | | _ | |
| | | | |
| MGR | 3267 Bee Caves Road, Suite 107-122 | | |
| MGR | | | |
| MGR | Austin, TX 78746 | _ | |
| MGR | | _ | |
| | Julie Briggs | | |
| | 3267 Bee Caves Road, Suite 107-122 | _ | |
| | Austin, TX 78746 | _ | |
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| ays after the date of filing.) | specific and cannot be more than five busin | | - |
| e date inserted in this block does not meet the a effective date on the Department of State's red E VI: Other provisions, if any. | applicable statutory filing requirements, this date will no cords. | ot be | listed |
| effective date on the Department of State's red | | ot be | listed |
| E VI: Other provisions, if any. | | ot be | listed |
| effective date on the Department of State's red | | | listed |
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| E VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member of This document is executed in accordance. | r an authorized representative of a member | 2016 NOV | |
| E VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member of this document is executed in accordance in a ware that any false information. | r an authorized representative of a member tance with section 605.0203 (1) (b), Florida Statutes. | ZOUR NOV -1. | |
| E VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member of This document is executed in accordance. | r an authorized representative of a member tance with section 605.0203 (1) (b), Florida Statutes. | He rin you sies | |
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| EQUIRED SIGNATURE: Signature of a member of this document is executed in according a management of the second constitutes a third degree follows as property of the second constitutes at the second co | r an authorized representative of a member tance with section 605.0203 (1) (b), Florida Statutes. It is submitted in a document to the Department of State provided for in s.817.155, F.S. | 2016 NOV = 12 PM 2: 15 | CONTROL AND BOUNDED TO BOUND OF THE PARTY OF |