# 11600030801

(Requestor's I	Name)
(Address)	
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(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business En	ity Name)
(Document N	umber)
Certified Copies Cert	ificates of Status
Special Instructions to Filing Office	cer:



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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: OCEAN WEST INVESTMENTS IIC (Name of Resulting Florida Limited Company)	
(Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	ıer
Please return all correspondence concerning this matter to:	
CHe18 STUMBE (Contact Person)	
DCEAN WEST INVESTMENTS, 11C (Firm/Company)	
2235 19 TH AVE SW (Address)	
(Address)	
VERO BEACH, FL 32962  (City, State and Zip Code)	
(City, State and Zip Code)	
Fl. Homes @ yAHOO.com	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
CHars Strew 55 at (760) 271-2368  (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$150.00 Filing Fees (\$25 for Conversion & Status   Status	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
Clifton Building  P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	

### **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 Conversion is:  OCEAN WEST INVEST MENTS, 11 C (MI 5 COCCO 6007)  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a TMITED TABILITY 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
on $\frac{8/20/2009}{\text{(date of organization, formation or incorporation)}}$ (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:
OCEAN WEST IN VEST MGN7S 11C  (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 7th day of DECEmber	20_16
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:  Printed Name: CHRS STRONGE	Title: OWNER / MANAGER
Signature(s) on behalf of Other Business Entity: [	
Signature:  Printed Name: CHars Strawge	Title: OWNER / MANAGER
Signature:Printed Name:	_Title:
Signature: Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li		y Company is	<b>:</b>				
0	۱			- LA			
(Mu	st end with the wo	ds "Limited Liabi	lity Company, "	<b>S</b> , 11 C L.L.C.," or "LLC."	)		
ARTICLE II - Ad	dress:						
The mailing addres		dress of the p	rincipal offic	ce of the Limit	ed Liab	ility Company i	s:
Principal Office A	ddress:		Mailing A	Address:			
2235 19	TH AVE S	sw .	27	235 197H	AVE	SW	
2235 10 Veno Bea	CH FL	32962	<i>\</i>	135 19 <sup>74</sup> Huno Banch	, FL	32962	
ARTICLE III - Re (The Limited Liability Co- business entity with an a	mpany cannot servetive Florida regis	e as its own Registration.)	stered Agent. Yo	ou must designate a			
The name and the F			-				
		CHR15 Nam	Symmon	<u> </u>			
	Florida stree	t address (P.C	Rox NOT	acceptable)			
	VERO	City	FL	Zip			
Uming hoove you		·		•	Contho	ahawa atatad lim	ادما:
registered agent a statutes relating	any at the plac and agree to a g to the proper	e designated i ct in this capac and complete	n this certific city. I further performance	cate, I hereby a r agree to comp e of my duties, c	ccept the ply with and I am	e appointment as the provisions o	s of all nd
	Dagistand.		Tratum (DEC	OLUBED)			
	Kegistere	Agent's Sig (CONTIN	NUED)	(OIRED)		16 DEC 9 PH	720

'AMBR" = Authorized Member "MGR" = Manager					
DWNEYL / MANAGER	CHAZ	$\leq \sum_{n}$	MANGE .		
	2235	1974	AVE SA		
	<u>Vêno</u>	BEACH	FL	32962	•
					•
					•
					•
LE V: Effective date, if other than the fective date is listed, the date must	ne date of filing: t be specific and ca	annot be m	ore than 1	(OPTIO	NAI
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(Use attachment if necessary)  LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  the date inserted in this block does not meet is effective date on the Department of State LE VI: Other provisions, if any.	t be specific and ca t the applicable statutor	annot be m	ore than f	live busine	ss da
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Page 2 of 2