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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

COVER LETTER.

	on Section of Corporations		
SUBJECT: Shave	w & Shaw Farms Partnership,	LLC	
	(Name of Re	sulting Florida Limit	ited Company)
			ion, and fees are submitted to convert an "Othe y" in accordance with s. 605.1045, F.S.
Please return all	correspondence concernir	ng this matter to:	
Clyde B. Shaw			
	(Contact Person)		_
Shaw & Shaw Farm	s Partnership, LLC		
	(Firm/Company)		_
11306 NW 140th St	reet		
	(Address)		-
Alachua, Florida 32	615		
	(City, State and Zip Code)		_
buckshaw52@gmai	.com		
E-mail Address:	(to be used for future annual re	eport notifications)	_
For further inform	nation concerning this ma	atter, please call:	
Clyde B. Shaw		at (³⁵²	665-0424
(Name of C	Contact Person)	(Area Code)	(Daytime Telephone Number)
	ck for the following amon		processed by this office must be payable in US
\$150.00 Filing F (\$25 for Conversion & \$125 for Articles of Organization)	ees \$\square\$	☐\$180.00 Filing and Certified Cop	
STREET ADDR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	ion orations Center Circle	Registr Divisio P. O. B	ration Section on of Corporations Box 6327 assee, FL 32314

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.

Shaw & Shaw Farms Partnership	ss Entity" immediately prior to the filing of the	Articles of Conversion is:
· (En	iter Name of Other Business Entity)	
2. The "Other Business Entity" is	General Partnership	
·	(Enter entity type. Example: corporation, limited parts general partnership, common law or business trust,	. •
First organized, formed or incorpor	rated under the laws of Florida	
April 11, 2016	(Enter state, or if a non-U.S. en	tity, the name of the country)
(date of organization, formation or in	corporation)	
3. The name of the Florida Limite Shaw & Shaw Farms Partnership, LLC	d Liability Company as set forth in the attache	d Articles of Organization:
	e of Florida Limited Liability Company)	·
4. If not effective on the date of fi (The effective date: 1) cannot be date this document is filed by the date listed in the attached Article Note: If the date inserted in this block do document's effective date on the Department.	ling, enter the effective date: 2 prior to date of receipt or filed date nor more Florida Department of State; AND 2) must ces of Organization, if an effective date is listed the state of the applicable statutory filing requirements,	be the same as the effective ed therein.) this date will not be listed as the
	Page 1 of 2	SE TAI

16 DEC 29 PH 4: 20
SECRETARY OF STATE
AND ANASSEF FLORIDA

Signed this 23 day of December	20_16
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	M D Shuu Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Clyde D Shaw	
Printed Name: Clyde D. Shaw	Title: General Partner
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	Y
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

The name of the Limit	: ited Liability Company	is:
Shaw & Shaw Farms Par		
(Must	end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addı	ress:	
The mailing address	and street address of the	principal office of the Limited Liability Company i
Principal Office Add	dress:	Mailing Address:
11605 NW 140th Street		11605 NW 140th Street
Alachua, Florida 32615 ARTICLE III - Reg	istered Agent, Registe	Alachua, Florida 32615 red Office, & Registered Agent's Signature:
ARTICLE III - Reg (The Limited Liability Compusiness entity with an acti	pany cannot serve as its own Re	red Office, & Registered Agent's Signature:
ARTICLE III - Reg (The Limited Liability Compusiness entity with an action The name and the Flo	pany cannot serve as its own Reversion (version)	red Office, & Registered Agent's Signature:
ARTICLE III - Reg (The Limited Liability Compusiness entity with an action The name and the Flo	pany cannot serve as its own Reve Florida registration.) orida street address of the Clyde B. Shaw	red Office, & Registered Agent's Signature:
ARTICLE III - Reg (The Limited Liability Compusiness entity with an action The name and the Flo	pany cannot serve as its own Reve Florida registration.) orida street address of the Clyde B. Shaw	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - Reg (The Limited Liability Compusiness entity with an acti The name and the Flo	pany cannot serve as its own Reive Florida registration.) orida street address of the Clyde B. Shaw Na 11306 NW 140th Street	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - Reg (The Limited Liability Compusiness entity with an action of the name and the Flo	pany cannot serve as its own Reive Florida registration.) orida street address of the Clyde B. Shaw Na 11306 NW 140th Street	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:

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..

Clycle B Shu.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Clyde B. Shaw
	11306 NW 140th Street
	Alachua, Florida 32615
	···
MGR	Thomas C. Shaw
	11605 NW 140th Street
	Alachua, Florida 32615
ffective date is listed, the date mus	he date of filing: January 1, 2017 . (OPTIONAL st be specific and cannot be more than five business da
CLE V: Effective date, if other than the offective date is listed, the date must day after the date of filing.)	et be specific and cannot be more than five business da
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	et be specific and cannot be more than five business da et the applicable statutory filing requirements, this date will not be lisse's records.
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet t's effective date on the Department of State CLE VI: Other provisions, if any.	et be specific and cannot be more than five business da
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membrane and a manual comment is executed in I am aware that any false information.	et be specific and cannot be more than five business da et the applicable statutory filing requirements, this date will not be lisse's records.
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membratis document is executed in I am aware that any false inforconstitutes a third degree felorical constitutes a third degree felorical constitutes a third degree felorical constitutes a star of the date must be determined as the date of the date	the specific and cannot be more than five business date the applicable statutory filing requirements, this date will not be lister's records. Deer or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State

ARTICLE IV-

Page 2 of 2