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TALLAHASSEE, FLORIDA

~~T. BURCH~~

~~JAN 3 2016~~

T. BURCH

JAN 4 2017

DOVE FRETLAND P.L.L.P.
PROFESSIONAL LIMITED LIABILITY COMPANY

LAURA K. FRETLAND
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*CERTIFIED AS A REAL PROPERTY LAW
SPECIALIST BY THE MINNESOTA STATE
BAR ASSOCIATION

November 16, 2016

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Article of Conversion and Articles of Organization of GLS Properties, LLC
Our File No. 6678-16006

Dear Sir/Madam:

Enclosed please find the following:

1. Original Articles for Conversion (and one copy);
2. Original Articles of Organization (and one copy);
3. Our check payable to Florida Department of State in the total amount of \$185.00 for filing fees and certified copies.


Please forward a certified copy of the Articles and Certificate of Status to our office addressed as follows:

Paul D. Dove
DOVE FRETLAND, P.L.L.P.
5881 Cedar Lake Road
Minneapolis, MN 55416

If you have any questions, please feel free to call me at (952) 545-9000 or email me at pddove@dovefretlandlaw.com. Thank you.

Very truly yours,

DOVE FRETLAND, P.L.L.P.


Paul D. Dove
PDD/rb
Enclosures

cc: Gary and Rita Stenson



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2016

PAUL D. DOVE
DOVE FRET LAND, P.L.L.P.
5881 CEDAR LAKE ROAD
MINNEAPOLIS, MN 55416

SUBJECT: GLS PROPERTIES, LLC
Ref. Number: W16000078882

We have received your document for GLS PROPERTIES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Tim Burch
Regulatory Specialist III

Letter Number: 016A00025159

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.603.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
GLS Properties, LLC
(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 **Minnesota**
(Enter state, or if a non-U.S. entity, the name of the country)
on **June 1, 2005**
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
GLS 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.

Signed this 10th day of November 20 16.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Gary L. Stenson Title: Governor/Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]
Printed Name: Gary L. Stenson Title: Governor/Member

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 Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLS Properties, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

c/o Gary L. Stenson
300 Wyndemere Way #302
Naples, FL 34105

c/o Gary L. Stenson
300 Wyndemere Way #302
Naples, FL 34105

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Gary L. Stenson

Name

300 Wyndemere Way #302

Florida street address (P.O. Box **NOT** acceptable)

Naples

FL

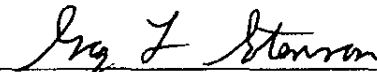
34105

City

State

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)

Gary L. Stenson

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Gary L. Stenson

300 Wyndemere Way #302

Naples, FL 34105

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

NONE

REQUIRED SIGNATURE:

X

Gary L. Stenson

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gary L. Stenson, Member/Governor

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)