# L17000019141

(Requesto	or's Name)	
(i toquesii	5	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	·
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Docume)	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only

N. SAMS JAN 2 6 2017



100293491551

01/06/17--01012--014 \*\*150.00

7 JAN -6 AM 8 50



# FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

17 JAN-8 AN 8:50

SECRETARY AND SAFE

January 9, 2017

PAULA J LARRISEY 5836 54TH AVE N KENNETH CITY, FL 33709-1902

SUBJECT: PALM PROPERTY GROUP LLC

Ref. Number: W17000001465

We have received your document for PALM PROPERTY GROUP 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Nadira D McClees-Sams Regulatory Specialist II New Filing Section

Letter Number: 117A00000427

### **COVER LETTER**

TO:	Registration S Division of C			
SUBJ	ECT: PALM PI	ROPERTY GROUP LLC	( FL FOREIGN LL	C DOC # M13000006715 )
5050		(Name	of Resulting Florida Limite	d Company)
				nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:	
PAUL.	A J LARRISEY			
		(Contact Person)		
DPR A	CCOUNTING SE	ERVICES LLC		
· - · · · · · ·		(Firm/Company)		
5836 5	4th AVE N			
		(Address)		
KENN	ETH CITY, FL 3:	3709-1902		
	((	City, State and Zip Code)	<del></del>	
PAUL	A@DPRACCOUI	NTING.COM		
E-n	nail Address: (to b	e used for future annual re	port notifications)	
For fu	rther informati	on concerning this ma	tter, please call:	
DAVII	D MELENDEZ		at ( 813 ) 783	1-0894
	(Name of Conta	ect Person)		ytime Telephone Number)
Enclo	sed is a check f	or the following amou	int:	
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles unization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regist Divisi Clifto	ET ADDRES  tration Section on of Corporat n Building  Executive Cent	ions	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27

INHS11 (06/15)

Tallahassee, FL 32301

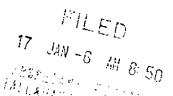
### **Articles of Conversion**

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 PALM PROPERTY GROUP LLC	y" immediately prior to the filing of the Articles of Conversion is:  (FL FOREIGN LLC DOC # M13000006715)
(Enter Name	of Other Business Entity)
2. The "Other Business Entity" is a	TED LIABILITY COMPANY
(Enter e	entity type. Example: corporation, limited partnership, eral partnership, common law or business trust, etc.)
First organized, formed or incorporated un	der the laws of
AUGUST 15, 2013	(Enter state, or II a non-O.S. entity, the name of the country)
(date of organization, formation or incorporati	on)
	ity Company as set forth in the attached Articles of Organization:
PALM PROPERTY GROUP LLC	
(Enter Name of Florid	da Limited Liability Company)
4. If not effective on the date of filing, en	ter the effective date:
(The effective date: 1) cannot be prior to date this document is filed by the Florid date listed in the attached Articles of Or	to date of receipt or filed date nor more than 90 days after the a Department of State; <u>AND</u> 2) must be the same as the effective rganization, if an effective date is listed therein.) eet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approv	red in accordance with all applicable statutes.

Page 1 of 2

Signed this 11TH day of OCTOBER	20_16
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	
Printed Name: DAVID MELENDEZ	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	
Printed Name: DAVID MELENDEZ	Title: MANAGER
ATTION	
Signature:	
Printed Name: ANDREA MELENDEZ	Title: MANAGER
•	
Signature: <u>Sandra Kenady</u>	
Printed Name: SANDRA KENADY	Title: MANAGER
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
MATELLIA CONTRACTOR AND	
If Florida Corporation:	085
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
ICEL Command Double and Limited Linkili	tu Dautnaughin.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership
Signatures of ALL General Partners.	ty Emilieu i arthership.
Signatures of ABL General Faithers.	
All others:	
Signature of an authorized person.	
orginature of an authorized person.	
Fees:	
1 000.	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
_	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Statis'	NO UU KUMUMAN

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
PALM PROPERTY GROUP LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3905 TAMPA ROAD, SUITE 403	3905 TAMPA ROAD, SUITE 403
OLDSMAR, FL 34677-9718	OLDSMAR, FL 34677-9718
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
PAULA J LARRISEY	
Name	
5836 54th AVE N	
Florida street address (P.O	. Box <u>NOT</u> acceptable)
KENNETH CITY	FL 33709-1902
City	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 (REQUIRE)

(CONTINUED)

Page 1 of 2

ARTICLE, IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Memb	er
"MGR" = Manager	
MGR	DAVID MELENDEZ
	12004 STEPPINGSTONE BLVD
	TAMPA, FL 33635-6252
MGR	ANDREA MELENDEZ
	12004 STEPPINGSTONE BLVD
	TAMPA, FL 33635-6252
MGR	SANDRA KENADY
	12004 STEPPINGSTONE BLVD
	TAMPA, FL 33635-6252
	•
(Has attachment if managam)	
(Use attachment if necessary)	
OTICLE V. Effective date if other:	than the date of filing: JANUARY 1, 2017 . (OPTIONAL)
-	e must be specific and cannot be more than five business days price
or 90 days after the date of filing.)	: must be specific and cannot be more than five business days pric
	ot meet the applicable statutory filing requirements, this date will not be listed as the
cument's effective date on the Department	
•	
RTICLE VI: Other provisions, if any	y.
ONE	
<u>REQUIRED SIGNATURE:</u>	
$\subseteq$ $L_n$	
Signature of a r	nember or an authorized representative of a member.
mu · · ·	
	uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State

Typed or printed name of signee

**DAVID MELENDEZ** 

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)
Page 2 of 2