# 17000108002

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DATE:

4/13/20

NAME: HOME STAR STORAGE LLC

TYPE OF FILING: ARTICLES

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25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

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### **Articles of Conversion**

For

## Florida Limited Liability Company

Into

### "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045. Florida Statutes.

Florida Statutes.			
1. The name of the Florida Limited Liability Con Business Entity" is:	npany converting into the "O	ther	
Home Star Storage LLC			
Enter Name of Florida Limited	Liability Company	<del></del> '	
2. The name of the "Converted or Other Business	Entity" is:		
Home Star Storage LLC			
Enter Name of "Conversed or Otl	her Business Entity"	<u> </u>	
3. The "Converted or Other Business Entity" is a		FAL SE	20202
(Enter entity type. Example: corporation, limited partnership, sole business trust, etc.)	e proprietorship, general partnership, o	ommon lav	N. P.
organized, formed or incorporated under the laws	the State of Delaware	() 12 () 12 () 12 () 12 () 13 () 13	_
The formation document is attached (if applicable	OI_ state, or if a non-U.S. entity, the name.).	of the coud	3 MB
4. The plan of conversion was approved by the co Company in accordance with Chapter 605, F.S.	onverting Florida Limited Lia	bility	: 59
5. This conversion shall be effective in Florida or			
(The effective date: 1) cannot be prior to nor more than 90 days at Department of State; AND 2) must be the same as the effective dat "Other Business Entity.")	fer the date this document is filed by the of the conversion under the laws got	e Florida verning the	
Note: If the date inserted in this block does not meet the ap	plicable statutory filing requiremen	nts, this d	te

will not be listed as the document's effective date on the Department of State's records.

			•	out-of-state entity er Business Entity	_	1
		State may send		ess of an office the wed on the departs		
Street A	Address:	5687 Naples Blvd	1., Naples, FL 3410	9		
Mailing Address: 5687 Naples Blvd., Naples, FL 34109						_
appr and		amount to whi	ch such member	eed to pay any me s are entitled unde		
Signatu	re:	Must be sign	ned by a Member or A	Authorized Representati		_
Printed	Name: Joseph I	Aurphy ————————————————————————————————————	Title:	anager		_
	Filing Fee: Certified Copy: Certificate of S		\$25.00 \$30.00 (Optional \$5.00 (Optional	•		

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