117000178800

(Requestor's Name)
	Address)
•	,
((Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
((Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



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· COVER LETTER

Division of C	orporations			
SUBJECT: ROWED	EVELOPMENT LLC			
SUBJECT:	(Name of Res	ulting Florida Lim	ited Con	npany)
	s of Conversion, Artic	les of Organizat	ion, an	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
JB ROTH				
	(Contact Person)		_	
ROTH LAW FIRM				
	(Firm/Company)		_	
6100 GREENLAND RD	., SUITE 604			
	(Address)		_	
JACKSONVILLE, FL 3.	2258			
(0	City, State and Zip Code)	-	_	
JB@ROTHLAWFIRM.	NET			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
JB ROTH		_at (595-7	900
(Name of Conta	ct Person)	(Area Code	;) (Day	time Telephone Number)
	or the following amou a bank located in the		process	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Ce		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAIL	ING A	ADDRESS:
New Filing Section			iling S	
Division of Corporati	ions			Corporations
Clifton Building		P. O. 1	Box 632	21

Tallahassee, FL 32314

32301

2661 Executive Center

Circle Tallahassee, FL

TO: New Filing Section

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 8,605,1045, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: $\mathcal{A}(\rho + 0) = 0$
(Finter Name of Other Business Entity)
The "Other Business Entity" is a BUSINESS CORPORATION.
(Enter entity type—Example—corporation, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of TLORIDA
10.03.2016 (Enter state, or if a non-U.S, entity, the name of the country)
(date of organization, formation or incorporation)
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: OWEDEVELOPMENTIAL
(Enter Name of Horada Lumited Liability Company)
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 calendar days fter 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.) to the date inserted in this block does not meet the applicable statutory (thing requirements, this date will not be listed as the occurrent's effective date on the Department of State's records.
The plan of conversion has been approved in accordance with all applicable statutes.
The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605,1006 and 605,1064-605,1072, F.S.

Signed this 441H day of AUGUST	20.1"
Signature of Anthorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: JI AN B ROTH	Title: At THORIZED REPRESENTATIV
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
0 1.1	
Signature:Printed Name: JASON LESKO	Title: PRESIDENT
Signature:	Title
Trinco Sanc.	
Signature: Printed Name	
Printed Name:	Infe:
Signature.	
Signature. Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Ottione
If Directors or Officers have not been selected, an Ir	
TRUE STATE OF THE	2. B
If Florida General Partnership or Limited Liabil Signature of one General Partner	ity Partnership:
•	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion. Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Lamited Liability Company is:			
ROWE DEVELOPMENT LLC			
(Mus) comain the words. Limited Liability	Company TEC or TECT)		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limi	ited Liability Comp	pany is:
Principal Office Address:	Mailing Address:		
154 MUIRFIELD DRIVE PONTE VEDRA BEACH	154 NU BG IELD DRIVE PONTE VEDRA BEACH		
14 ORID x 32082	11 ORIDA 32082		
ARTICLE III - Registered Agent, Registered (the Limited Liability), omnany cannot serve as its own Registeriors servers with an active Florida registration. The name and the Florida street address of the re-	rred Agent. You must designate .	nt individual or another	
DAVID C ROWE IR	· · · · · · · · · · · · · · · · · · ·		
Name			
154 MUTRETELD DRIVE			
Florida street address (P.O.	Box <u>NOT</u> acceptable)		
PONTE VEDRA BEACH	pp 32082		
City	Zip		
Having been named as registered agent and to hability company of the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete participations of my position as registered Agent's Signa Registered Agent's Signa	this certificate. Thereby of ty. I turther agree to come erformance of my duties refered agent as provided	iccept the appointm iply with the provisi and I am familiar w Tyr in Chapter 605	eon as ons of all onit and
		SHE STORY OF SHEET	17 AUG 21 AB 9: 21

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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 	ei
"MGR" = Manager	
AMBR	ROWE, DAVID D.JR
	154 MURETELD DRIVE
	PONTE VEDRA BEACH, FL 32082
AMBR	LESKO, JASON
	83013 ATA NORTH, #516
	PONTE VEDRA BEACH, FL 32082
	
to or 90 calendar days after the	e must be specific and cannot be more than five business days
ient's effective date on the Department c	of State's records
ICLE VI: Other provisions, it an). 🚉
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	5)\\ <u>5</u> \\
Vike	
Signature of a n	icinher or an authorized representative of a member.
This document is execu	ted in accordance with section 605.9203 (1) (b), Florida Statutes
Lam aware that any falso	e information submitted in a document to the Department of State

#ANBROTH .

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)

constitutes a third degree felony as provided for in \$ 817 455, F.S.