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(Requestor's Name) (Address)	
(Address)	100302706551
(City/State/Zip/Phone #)	08/22/17++01002+-015 <b>**</b> 150.00
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	13 8: 27 - 17 080A
Office Use Only	
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## COVER LETTER

TO: New Filing Section Division of Corporations

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Michael G. Sweeney (Contact Person) Michael G. Sweeney, PA

(Firm/Company)

7192 Somersworth Drive

(Address)

Orlando, Florida 32835

(City, State and Zip Code)

michael.sweeney@colliers.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

STREET ADDRES	S:	MAILING A	ADDRESS:	ORMAT	EP 25	ì
<ul> <li>\$150.00 Filing Fees</li> <li>(\$25 for Conversion</li> <li>\$125 for Articles</li> <li>of Organization)</li> </ul>	■\$155.00 Filing Fees and Certificate of Status	S180.00 Filing Fees and Certified Copy	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	BUREAU	17 SI	••••

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, 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 \$,605,1045, Florida Statutes.

	INCIES OF CONVERSION IS:	iematery prior to the filling of the A	ici b <u>us</u> mess Entity	1. The name of the Other	Ι.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion i Michael G Sweeney, PA $P_1 = 645.61$		>01	PID = 0	Michael G Sweeney, PA	M

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a  $\frac{PA}{2}$ 

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

on

filed electronically July 31, 2017 (date of organization, formation or incorporation)

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

Michael G Sweeney, LLC

(Enter Name of Florida Limited Liability Company)

9/11/ 4. If not effective on the date of filing, enter the effective date:

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

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.

6. 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 605.1061-605.1072, F.S.



Signed this 21st day of September	20_17	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative: Michael Species	A	
Printed Name: Michael G. Sweeney	Title: President	
Signature(s) on behalf of Other Business Entity:	(See below for required signature(a)	1
<u>Signature(s) on itemation of other business Enniv.</u>	(see below for required signature(s)	J.
Signature: <u>Michael G. Switcher</u> Printed Name: <u>Michael G. Switcher</u>	Title: President	
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	Title:	
If Florida Corporation:	0.00	
Signature of Chairman. Vice Chairman, Director, or If Directors or Officers have not been selected, an In	officer. corporator must sign.	
<u>If Florida General Partnership or Limited Liabili</u>	-	
Signature of one General Partner.	<u>ity i artifer sinp.</u>	
If Florida Limited Partnership or Limited Liabili	ty 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: Certified Copy:	\$125.00 \$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Michael G Sweeney, LLC

(Must contain 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:
7192 Somersworth Drive	255 S. Orange Avenue
	Suite 1300
Orlando, Florida 32835	Orlando, FL 32801

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:

 Michael G. Sweency

 Name

 7192 Somersworth Drive

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

 Orlando
 FL 32835

 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 (REQLARED)

(CONTINUED)

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### ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	Michael G. Sweeney
·	7192 Somersworth Drive
	Orlando, FL 32835
· <u> </u>	
<u></u>	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	

**REQUIRED SIGNATURE:** 

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.

Michael G. **WELVEY** 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)