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| (Re | questor's Name) | |
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| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Ďo | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| SHR | IFCT: DOMINI | ON PARKS TO BEACH | TITLE, LLC | | |
| .5015 | <u></u> | (Name of Res | sulting Florida Limite | ed Con | npany) |
| | | | | | d fees are submitted to convert an "Othe coordance with s. 605,1045, F.S. |
| Pleas | se return all corr | espondence concernin | g this matter to: | | |
| DAV | ID BARKETT, ES | Q. | | | |
| | | (Contact Person) | | | |
| DOM | IINION PARKS TO | D BEACH TITLE, LLC | | | |
| | | (Firm/Company) | | | |
| 201 E | E. PINE ST., SUITI | 315 | | | |
| | | (Address) | · | | |
| ORL | ANDO, FL 32801 | | | | |
| | (1 | City, State and Zip Code) | | | |
| dbark | ett@barkettlaw.co | m | | | |
| E- | mail Address: (to b | e used for future annual re | port notifications) | | |
| For f | urther informati | on concerning this ma | tter, please call: | | |
| DAV | ID BARKETT, ES | Q. | _at (| 447-9 | 9407 |
| | (Name of Conta | nct Person) | (Area Code) | (Day | time Telephone Number) |
| | | for the following amou a bank located in the | • | rocess | sed by this office must be payable in US |
| (\$25 f & \$12 | 50.00 Filing Fees for Conversion 15 for Articles ganization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Cop | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STR | EET ADDRES | S: | MAILI | NG A | ADDRESS: |
| | Filing Section | | New Fil | _ | |
| | sion of Corporat on Building | ions | Divisio P. O. Be | | Corporations |
| | Executive Cent | er Circle | | | 27 FL 32314 |

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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" immediately prior to the filing of DOMINION PARKS TO BEACH TITLE CO. | the Articles of Conversion is: |
|--|--|
| (Enter Name of Other Business Entity) | · |
| 2. The "Other Business Entity" is a CORPORATION | |
| (Enter entity type. Example: corporation, limited partnership, general partners | ship, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of | S. entity, the name of the country) |
| 09/18/2015 | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attack. | ched Articles of Organization: |
| DOMINION PARKS TO BEACH TITLE, LLC | |
| (Enter Name of Florida Limited Liability Company) | |
| 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 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 requirement document's effective date on the Department of State's records. 5. The plan of conversion has been approved in accordance with all applicable. 6. The "Converted or Other Business Entity" has agreed to pay any members have this beauty members as a stilled under as a 605-1000 and 605-1001. | ents, this date will not be listed as the estatutes. ing appraisal rights the amount to |
| which such members are entitled under ss. 605.1006 and 605.1061-605.1072, I | r.s. |
| | 7 001 -3 7M |

| Signed this 27th day of | September 2017 | <u> </u> |
|--|--------------------------|-----------------------|
| Signature of Authorized Repres | sentative of Limited Lia | bility Company: |
| Signature of Authorized Represer Printed Name: DAVID BARKETT | ntative:Title | AUTHORIZED MEMBER |
| Signature(s) on behalf of Other I | | |
| Signature: DAVID BARKETT | Title | PREIDENT AND DIRECTOR |
| Signature: | | |
| Printed Name: | Title | |
| Signature: | | |
| Signature: Printed Name: | Title | |
| | | |
| Signature: Printed Name: | Title | |
| Signature: | | |
| Signature: Printed Name: | Title | |
| Signature: | | |
| Signature:Printed Name: | Title | · |
| If Florida Corporation: Signature of Chairman, Vice Chair If Directors or Officers have not be | | |
| If Florida General Partnership o Signature of one General Partner. | r Limited Liability Part | nership: |
| If Florida Limited Partnership o Signatures of <u>ALL</u> General Partner | | ted Partnership: |
| All others: Signature of an authorized person. | | |
| Fees: | | |
| Articles of Conversion: Fees for Florida Articles of Certified Copy: Certificate of Status: | \$30.0 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | :: | |
|---|--|---|
| DOMINION PARKS TO BEACH TITLE, LLC (Must contain the words "Limited Liabil | in Company "LLC" or "LLC") | |
| (Must contain the Words Limited Liabit | ny company, tanaca, or the j | |
| ARTICLE II - Address: | | |
| The mailing address and street address of the p | orincipal office of the Limite | d Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 201 E PINE ST STE 315 | 201 E PINE ST STE 315 | |
| ORLANDO, FL 32801 | ORLANDO, FL 32801 | |
| | <u> </u> | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.) The name and the Florida street address of the | stered Agent. You must designate an | |
| The name and the Florida street address of the | registered agent are. | |
| DAVID BARKETT | | |
| Nan | ie | |
| 201 E PINE ST STE 315 | | |
| Florida street address (P.O. | O. Box NOT acceptable) | |
| ORLANDO | F1_32801 | |
| City | Zip | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re | in this certificate, I hereby accity. I further agree to compare to compare performance of my duties, as egistered agent as provided for mature (REQUIRED) | cept the appointment as ly with the provisions of all ad I am familiar with and |
| | | : 22 AFE MODA |

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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 Member | | |
| "MGR" = Manager | | |
| AMBR | DAVID W. BARKETT | |
| | 201 E PINE ST STE 315 | |
| | ORLANDO, FL 32801 | _ |
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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.

DAVID BARKETT

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)