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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
(33	outtoni Humbor,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	New Filing S Division of C					
SHR	JECT:	All	y HR V	LLC		
SUD		(Name of Res	ulting F	lorida Limited	d Com	pany)
						d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concerning	g this r	natter to:		
Вг	ian Pincket, Esquir	e				
		(Contact Person)				
All	y HR V LLC					
		(Firm/Company)				
90	16 Philips Hwy					
		(Address)				
Jac	ksonville, FL 322:	56				
	(1	City, State and Zip Code)	·			
Ьp	incket@matrixone	source.com				
E-	mail Address: (to b	e used for future annual re	port not	ifications)		
For fi	urther informati	on concerning this ma	tter, pl	ease call:		
	Brian Pino	eket	at (904		739-2722
	(Name of Conta	act Person)		(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the		•	ocess	ed by this office must be payable in US
(\$25 f) & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		80.00 Filing F ertified Copy		■\$185.00 Filing Fees. Certified Copy. and Certificate of Status
STR	EET ADDRES	S:		MAILIN	NG A	.DDRESS:
New	Filing Section			New Fili	_	
	ion of Corporat	ions				orporations
	on Building Executive Cent	ar Cirolo		P. O. Bo		27 FL 32314
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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" immediat	tely prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busi	iness Entity)
2. The "Other Business Entity" is a	corporation partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws	Florida
on	
3. The name of the Florida Limited Liability Compan	y as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Lia	bility Company)
the date this document is filed by the Florida Depa	ipt or filed date nor more than 90 calendar days after
5. The plan of conversion has been approved in accord	dance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed which such members are entitled under ss. 605.1006	to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S.
	<u></u>

Signed this 30th day of October.	<u>20 17 </u>	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative:	Title: Authorized Member	-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: William L. Perez		
Printed Name: William L. Perez	Title: Director & President	_
Timed Name.		-
Signature:		_
Signature:Printed Name:	Title:	_
Cianatura		
Signature:Printed Name:	Title:	-
, , , , , , , , , , , , , , , , , , ,		-
Signature:		_
Printed Name:	Title:	_
Cionatura		
Signature:Printed Name:	Title:	_
Timed Name.		_
Signature:		_
Signature:Printed Name:	Title:	_
If Florida Communications		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an In-		
•		
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 <u>ALL</u> General Partners.	tv Emilica Farmersing.	
· —		
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$25.00 \$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	me:		
	imited Liability Company	ris:	
	Ally HR	V LLC	
(M		bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of the	e principal office of the Limit	ed Liability Company is:
Principal Office	Address:	Mailing Address:	
Ally HR V LL	С	Ally HR V LLC	
9016 Philips H	wy,	9016 Philips Hwy.	
Jacksonville, F	L 32256	Jacksonville, FL 3225	66
	Brian Pincket	ame	
	110	anic	
	9016 Philips Hwy.		
	9016 Philips Hwy.	P.O. Box <u>NOT</u> acceptable)	
	9016 Philips Hwy. Florida street address (I	P.O. Box <u>NOT</u> acceptable) FL 32256	
	9016 Philips Hwy. Florida street address (I Jacksonville City	P.O. Box <u>NOT</u> acceptable)	

Λ	D	TI	I F	IV-
-	Æ			1 V -

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

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	William L. Perez
	9016 Philips Hwy.
	Jacksonville, FL 32256
	
	
	÷
Use attachment if necessary)	-
	_
	·
LE V: Other provisions, if any.	
	
	
REQUIRED SIGNATURE:	·
W== 11	
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 awament to the Department of State constitutes a third degre
as provided for in s.817.155, F.S.	ment to the Department of State constitutes a tinto degre
William L. Perez	ped or printed name of signee
11	
	Filing Fees