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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 948371 4311473
AUTHORIZATION:
COST LIMIT : \$ 150.00
ORDER DATE : December 11, 2017
ORDER TIME : 10:38 AM
ORDER NO. : 948971-015
CUSTOMER NO: 4311473
DOMESTIC FILING
NAME: CAMERON CREEK DEVELOPER LLC
BII BOIL TO BILLE.
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
EXAMINER'S INITIALS:

#### 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 s.605.1045, Florida Stanutes

(Enter Name of	immediately prior to the filing of the Articles of Conversion is:  Other Business Entity)
2. The "Other Business Entity" is a [Enter entity type. Example: corporation of the corpo	on, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated unde	r the laws of State of Delaware
on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)	
	Company as set forth in the attached Articles of Organization:
(Enter Name of Florida L	imited Liability Company)
4. If not effective on the date of filing, enter the effective date: Cannot be prior to date he date this document is filed by the Florid Note: If the date inserted in this block does not meet the locument's effective date on the Dansatas and Section 18.	he effective date:  of receipt or filed date nor more than 90 calendar days after la Department of State.) le applicable statutory filing requirements, this date will not be listed as the records.
. The plan of conversion has been approved in	a accordance with all applicable statutes
. The "Converted or Other Business Entity" has which such members are entitled under ss. 60.	



Signed this day of	20 17	
Signature of Authorized Representative of Li		
Signature of Authorized Representative: Printed Name: Jonathan A. Gruskin	f (b.	
Simpoturo(a) b t is a a -		
Signal II I I II		
J	Title: Authorized Person	
Signature:		
Signature: Printed Name:	Title:	
Signature:Printed Name:		
Sim	Title:	
Signature:Printed Name:	7714	
Signature	(tile:	
Signature: Printed Name:	Title	
Signature:		
Printed Name:		
	Title:	
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Ir	Officer. ncorporator must sign.	
Signature of Chairman Vice Chairman Dis	Officer. ncorporator must sign.	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	r Officer. ncorporator must sign. ity Partnership:	
Signature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an Ir f Florida General Partnership or Limited Liabil Signature of one General Partner.  f Florida Limited Partnership or Limited Liabil	r Officer. ncorporator must sign. ity Partnership:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  If I others:	r Officer. ncorporator must sign. ity Partnership:	17 DEC 11 MALE:

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	npany is:
CAMERON CREEK DEVELOPER LLC	
(Must contain the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
	of LLC.")
ARTICLE II - Address:	
address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
201 Santa Monica Blvd.	<del></del>
Suite 550	201 Santa Monica Blvd.
Santa Monica, CA 90401	Suite 550
	Santa Monica, CA 90401  gistered Office, & Registered Agent's Signature:
Corporation Service Con	Name
1201 Hays Street Florida street addres	Name ss (P.O. Box <u>NOT</u> acceptable)
1201 Hays Street Florida street addres Tallahassee	Name ss (P.O. Box <u>NOT</u> acceptable) FL 32301
1201 Hays Street Florida street addres Tallahassee City	Name ss (P.O. Box <u>NOT</u> acceptable)  FL 32301  Zip
Florida street addres Florida street addres  Tallahassee  City  Having been named as registered agent liability company at the place designaregistered agent and agree to act in this estatutes relating to the proper and see	Name  Is (P.O. Box <u>NOT</u> acceptable)  FL 32301  Zip  and to accept service of process for the above stated limited.
Florida street addres  Florida street addres  Tallahassee  City  Having been named as registered agent liability company at the place designate registered agent and agree to act in this estatutes relating to the proper and seem	Name  State (P.O. Box NOT acceptable)  FL 32301  Zip  and to accept service of process for the above stated limited ated in this certificate. I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Lincoln Avenue Capital LLC
	201 Santa Monica Blvd., Suite 550
	Santa Monica, CA 90401
(Ulsa area)	
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
11 Fr b.	
from C1. V	
Signature of a member or an	authorized representative of a member
Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S.	authorized representative of a member h section 605,0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felon
Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S.  Jonathan A. Grush	(to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.  Jonathan A. Grusl	t to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.  Jonathan A. Grusl  Typed	(to the Department of State constitutes a third degree felon