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| en)                                   | questor's Name)       |  |
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|                                       | ty/State/Zip/Phone #  | <u>,                                      </u> |
| (Cit                                  | .y/State/Zip/Prione # | <del>†)</del>                                  |
| PICK-UP                               | ☐ WAIT                | MAIL   |
|                                       |                       |  |
| · · · · · · · · · · · · · · · · · · · | siness Entity Name    | <u>., </u>                                     |
| (50                                   | siness chary Name     | <del>7)</del>                                  |
|                                       |                       |  |
| (Do                                   | cument Number)        |  |
|                                       |                       |  |
| Certified Copies                      | _ Certificates o      | of Status                                      |
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|                                       |                       | <del>_</del>                                   |
| Special Instructions to               | Filing Officer:       |  |
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Office Use Only



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#### **COVER LETTER**

| TO: New Filing Section Division of Corporations  |   |   |
|--|---|---|
| SUBJECT: OLD GF, LLC   |   |   |
| (Nan   | ne of Resulting Florida Limited C   | Company)  |
| The enclosed Articles of Conversion<br>Business Entity" into a "Florida Lin  |   | and fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please return all correspondence cor   | ncerning this matter to:  |   |
| ROGERS P. TOUPS  |   |   |
| (Contact Perso   | n)  |   |
| OLD GF, LLC  |   |   |
| (Firm/Compan   | y)  |   |
| 4616 PARADISE ISLE   |   |   |
| (Address)  |   |   |
| DESTIN, FL. 32541  |   |   |
| (City, State and Zip   | Code)   |   |
| gclip001@ao:.com   |   |   |
| E-mail Address: (to be used for future a   | annual report notifications)  |   |
| For further information concerning   | this matter, please call:   |   |
| ROGERS P. TOUPS  | at (504 )43   | 0-8821  |
| (Name of Contact Person)   | (Area Code) (1  | Daytime Telephone Number)   |
| Enclosed is a check for the following dollars and drawn on a bank located  |   | essed by this office must be payable in US                                    |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$ \$150.00 Filing Fees and Certificate of Status  |   | s □S185.00 Filing Fees. Certified Copy, and Certificate of Status             |
| STREET ADDRESS:  | MAILING   | G ADDRESS:  |
| New Filing Section   | New Filin   |   |
| Division of Corporations   |   | •   |
| ~  |   |   |
| OLD GF, LLC  (Firm/Compan)  4616 PARADISE ISLE  (Address)  DESTIN, FL. 32541  (City, State and Ziggelip001@ao:.com  E-mail Address: (to be used for future at the following and Contact Person)  Enclosed is a check for the following dollars and drawn on a bank located and Certificate at S125 for Articles (S25 for Conversion & S125 for Articles of Organization)  STREET ADDRESS: New Filing Section | y)  annual report notifications)  this matter, please call: at (\frac{504}{(Area Code)}) (left)  ag amount: (All checks proced in the United States)  ag Fees | Daytime Telephone Number)  ressed by this office must be payable in US  s     |

INHS11 (7/17)

Tallahassee, FL 32301

#### **Articles of Conversion**

For

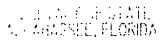
## "Other Business Entity"

Into

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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 the Articles of Conversion is: OLD GF, LLC  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a LLC  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.   |
| First organized, formed or incorporated under the laws of   |
| (Enter state, or if a non-U.S. entity, the name of the country)   |
| on 11-15-2007 (date of organization, formation or incorporation)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:   |
| OLD GF, 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 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 3            | day of JANUARY                       | 20_18                               |
|--------------------------|--------------------------------------|-------------------------------------|
| Signature of Aut         | horized Representative of Limi       | ted Liability Company:              |
|                          |                                      |                                     |
| Signature of Auth        | orized Representative:               | muy                                 |
| Printed Name: ROC        | GERS P. TOUPS                        | Title: MANAGER                      |
|                          |                                      | See below for required signature(s) |
| Signature:               | DERS P. TOUPS                        |                                     |
| Printed Name: ROC        | ERS P. TOUPS                         | Title: MANAGER                      |
|                          |                                      |                                     |
| Signature:               |                                      |                                     |
| Printed Name:            |                                      | Title:                              |
|                          |                                      |                                     |
| Signature:               |                                      |                                     |
| Printed Name:            |                                      | Title:                              |
| Signatura                |                                      |                                     |
| Drinted Name:            |                                      | Title:                              |
| rimed Name               |                                      |                                     |
| Signature:               |                                      |                                     |
| Printed Name:            |                                      | Title:                              |
|                          |                                      |                                     |
| Signature:               |                                      |                                     |
| Printed Name:            |                                      | Title:                              |
| If Florida Corpor        | ention:                              |                                     |
|                          | man, Vice Chairman, Director, or     | Officer                             |
|                          | icers have not been selected, an In- |                                     |
| n brectors or on         | icen, nave not been telected, all in | confrontion many sugar              |
| <u>If Florida Genera</u> | l Partnership or Limited Liabili     | ty Partnership:                     |
| Signature of one G       | General Partner.                     |                                     |
|                          |                                      |                                     |
|                          | d Partnership or Limited Liabili     | ty Limited Partnership:             |
| Signatures of ALL        | . General Partners.                  |                                     |
| All others:              |                                      |                                     |
| Signature of an aut      | thorized person.                     |                                     |
| <b>g</b>                 |                                      |                                     |
| Fees:                    |                                      |                                     |
| Articles of              | Conversion:                          | \$25.00                             |
|                          | lorida Articles of Organization:     | \$125.00                            |
| Certified (              | _                                    | \$30.00 (Optional)                  |
|                          | of Status:                           | \$5.00 (Optional)                   |
|                          |                                      | · •                                 |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| OLD GF, LLC<br>(M  | ust contain the words "Limited Li  | ability Company, "L.L.C.," or "LLC.")  |  |
|--|--|--|--|
| ARTICLE II - A   | ddress:  |  |  |
| The mailing addre  | ess and street address of the  | ne principal office of the Limited Liability Company is  |  |
| Principal Office   | Address:   | Mailing Address:   |  |
| 4616 PARADISE IS   | LE   | 4616 PARADISE ISLE   |  |
| The state of the s |  |  |  |
| ARTICLE III - I The Limited Liability ( business entity with an  | Registered Agent, Regist Company cannot serve as its own active Florida registration.)  Florida street address of              | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |  |
| ARTICLE III - I<br>The Limited Liability (<br>business entity with ar  | Company cannot serve as its own a active Florida registration.)  | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another                           |  |
| ARTICLE III - I<br>(The Limited Liability of<br>business entity with an  | Company cannot serve as its own active Florida registration.)  Florida street address of ROGERS P. TOUPS                       | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another                           |  |
| (The Limited Liability (<br>business entity with ar  | Company cannot serve as its own active Florida registration.)  Florida street address of ROGERS P. TOUPS  A 4616 PARADISE ISLE | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |  |
| ARTICLE III - I<br>(The Limited Liability of<br>business entity with an  | Company cannot serve as its own active Florida registration.)  Florida street address of ROGERS P. TOUPS  A 4616 PARADISE ISLE | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |  |
| ARTICLE III - I<br>The Limited Liability (<br>business entity with ar  | Company cannot serve as its own active Florida registration.)  Florida street address of ROGERS P. TOUPS  A 4616 PARADISE ISLE | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |  |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| A | RT | $\Gamma$ | F | $IV_{-}$ |
|---|----|----------|---|----------|
|   |    |          |   |          |

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   |   |  |  |  |  |
| MGR   | ROGERS P. TOUPS MANAGER 4616 PARADISE ISLE DESTIN, FL 32541   |  |  |  |  |
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|   |   |  |  |  |  |
| (Use attachment if necessary)  CLE V: Other provisions, if any. |   |  |  |  |  |
| REQUIRED SIGNATURE:   |   |  |  |  |  |
| Market,   | im  |  |  |  |  |
| This document is executed in accordance                         | r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felon |  |  |  |  |
| ROGERS P. TOUPS   |   |  |  |  |  |
| T   | yped 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)