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JAN 3 1 2018 T SCHROEDER

## **COVER LETTER**

SUBJECT: BUTTERCUP ROAD, LLC  (Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  PHILIP FINCHER  (Contact Person)  MIZE & FINCHER, PLLC  (Firm/Company)  5150 TAMIAMI TRAIL N, SUITE 203  (Address)
(Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  PHILIP FINCHER  (Contact Person)  MIZE & FINCHER, PLLC  (Firm/Company)  5150 TAMIAMI TRAIL N, SUITE 203  (Address)
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  PHILIP FINCHER  (Contact Person)  MIZE & FINCHER, PLLC  (Firm/Company)  5150 TAMIAMI TRAIL N, SUITE 203  (Address)
PHILIP FINCHER  (Contact Person)  MIZE & FINCHER, PLLC  (Firm/Company)  5150 TAMIAMI TRAIL N, SUITE 203  (Address)
(Contact Person)  MIZE & FINCHER, PLLC  (Firm/Company)  5150 TAMIAMI TRAIL N, SUITE 203  (Address)
(Firm/Company)  5150 TAMIAMI TRAIL N, SUITE 203  (Address)
(Firm/Company) 5150 TAMIAMI TRAIL N, SUITE 203 (Address)
5150 TAMIAMI TRAIL N, SUITE 203 (Address)
(Address)
NAPLES, FLORIDA 34103
(City, State and Zip Code)
PHILIP@MIZEFINCHER.COM
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
PHILIP FINCHER at (239 )316-1400
PHILIP FINCHER at (239 )316-1400 (Area Code) (Daytime Telephone Number)
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)
S150.00 Filing Fees (\$155.00 Filing Fees and Certified Copy and Certificate of Status of Organization)  S150.00 Filing Fees and Certified Copy and Certificate of Status  S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

INHS11 (7/17)

# Articles of Conversion

For

### "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization "Other Business Entity" into a Florida Limited Liability Compa	
Statutes.	,
1. The name of the "Other Business Entity" immediately prior to the Buttercup Road, LLC	filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
2. The "Other Business Entity" is a	ral 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)
July 14, 2000 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in	the attached Articles of Organization:
Buttercup Road, 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 dat	
the date this document is filed by the Florida Department of Stat 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.	The state of the s
5. The plan of conversion has been approved in accordance with all a	pplicable 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.

THE DAN 29 AM 9: 51

Signed this $\frac{9an}{25}$ day of $\frac{25}{25}$	20_18
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: VIRGINIA D. HUMPHREYS	Title: MANAGING MEMBER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: VIGINIA D. HUMPHREY\$	
Printed Name: VIRGINIA D. HUMPHREY\$	Title: MANAGING MEMBER
Signature:	
Signature: Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Circumstance.	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title
Finited (Natife)	
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman. Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liahili Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

		IMITED LIABI			
ARTICLE I - Name:					
The name of the Limited Liability Company is:					
BUTTERCUP ROAD. LLC					
(Must contain the words "Limited Liability G	Company, "I	.L.C.," or "LLC.")			
ARTICLE II - Address:					
The mailing address and street address of the prin	icipal offi	ce of the Limited	Liability Con	pany	is:
Principal Office Address:	Mailing	Address:			
868 BIRDIE VIEW POINT	SAME				
SANIBEL, FLORIDA 33957		-			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	Office, & ed Agent. Yo	Registered Agen u must designate an inc	t's Signature dividual or another	:	
The name and the Florida street address of the reg	gistered a	ent are:			
MIZE & FINCHER, PLLC					
Name					
5150 TAMIAMI TRAIL N. SUITE	203				
Florida street address (P.O. E	Box <u>NOT</u>	acceptable)			
NAPLES	FL 3410	3			
City		Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis Registered Agent's Signat (CONTINUI	his certific I further formance tered age. ure (REQ	ate, I hereby acce agree to comply of my duties, and it as provided for	pt the appoints with the provis Lam familiar	nent a sions o with a	s f all nd

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	VIRGINIA D. HUMPHREYS
	868 BIRDIE VIEW POINT
	SANIBEL, FLÖRIDA 33957
(I I. attachment if negggrans)	T.C.
(Use attachment if necessary)	
LE V: Other provisions, if any.	
	0.5
	10. P
REQU <u>IRÊ</u> D/SIGNATURE:	144
Virginia Stylich	,
Signature of a member of	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b). Florida Statutes. I am aware that to the Department of State constitutes a third degree felor
VIRGINIA D. HUMPHREYS	
Ty	ped or printed name of signee

ARTICLE IV-