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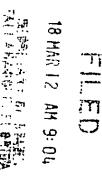
:
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filips Officers
Special Instructions to Filing Officer:

Office Use Only



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MAR 12 2018 T SCHROEDER

COVER LETTER

TO: New Filing Section Division of Corporations	
	·
SUBJECT: Homestead Self Storage, LLC	ing Florida Limited Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Liabi	of Organization, and fees are submitted to convert an "Other ility Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning th	nis matter to:
Sandra Dooley	
(Contact Person)	
Geneva Financial, P.A.	
(Firm/Company)	· · · · · · · ·
PO Box 390	
(Address)	
Melrose, FL 32666	
(City, State and Zip Code)	
stdooley56@gmail.com	——————————————————————————————————————
E-mail Address: (to be used for future annual report	notifications)
For further information concerning this matter,	, please call:
Sandra Dooley	t (³⁵²) 494-0055
(Name of Contact Person)	t (352) 494-0055 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: dollars and drawn on a bank located in the Uni	(All checks processed by this office must be payable in US ited States)
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status of Organization)	Is 180.00 Filing Fees, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

Articles of Conversion

For

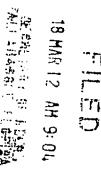
"Other Business Entity"

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 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Homestead Self Storage, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
7/18/2000 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
Homestead Self Storage, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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.
 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 215+ day of stug.	20_/ 7
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: (1) (C) Printed Name: W. Perry Rollins	Sirm Solution Manager
Signature(s) on behalf of Other Business Entity:	
Signature: // Jirry Collins Printed Name: W. Perry Rollins	Minager Title: Manager
/	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	Title
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
lf Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	<u> </u>
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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		COMIANI
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Homestead Self Storage, LLC		
(Must contain the words "Limited Liabilis	ry Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited Lightl	ity Company ie:
	,	ity company is.
Principal Office Address:	Mailing Address:	
popular 106 Lakeview Trail	PO Box 390	
Metrosc, FL 32666	Melrose, FI. 32666	
ARTICLE III - Registered Agent, Registered	l Office, & Registered Agent's Sig	nature:
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual c	or another
The name and the Florida street address of the r	egistered agent are:	
W. Perry Rollins		
Name		
243 Ashley Lake Dr.	2	
Florida street address (P.O.	Box NOT acceptable)	
Meirose	FL 32666	
City	Zip	
Having heen named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete y	this certificate. I hereby accept the a	ppointment as
statutes relating to the proper and complete p accept the obligations of my position as reg	erformance of my duties, and I am fa	miliar with and
1,2	Sicred agent as provided for in Chap	ner 605, F.S.,
_ W. Oyun	Kollyno)	
Registered Agent's Sign	ature (REQUIRED)	<u> </u>
		<u> </u>
(CONTINU	JEDY	
CONTRAC	,ed)	5

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager MGR	W. Perry Rollins	•	
	PO Box 390		
	Melrose, FL 32666		
	7.70.000, 1 2 72.000		
			
		 	
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(Use attachment if necessary)		<i>≅≻</i> —	Depart.
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ADTICLEMAN			171
ARTICLE V: Other provisions, if any.		arai o	
		٠٠٠٠٠	
REQUIRED SIGNATURE:			
KEOURED SIGNATURE:			
- W. Sman Kol	I was		
	n authorized representative of a n		
i nis document is executed in accordance w	ath section 605 0203 (1) (b). Florida Stand	or I am assess that	
any laise intorned on submitted in a nocum	ent to the Department of State constitutes a	third degree felony	
as provided for in s.817.155, F.S.			
W. Perry Rollins			
Турс	ed 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) \$ 5.00 Certificate of Status (Optional)