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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 3/30/18

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Name:	Sarasota Portfolio Inc.	
Document #:		
Order #:	10907049	

Certified Copy of Arts & Amend:		
Plain Copy:		
Certificate of Good Standing:		
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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: Sarasota Portfolio Inc.
(Enter Name of Other Business Entity)
 The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
7/6/16 On

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Sarasota Portfolio LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 3/30/2018

(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.

["**1**";

Signed this 25^{th} day of March	20 <u>18</u>			
Signature of Authorized Representative of Limite	ed Liability Company:			
Signature of Authorized Representative: <u>JOMA</u> Printed Name: <u>Jennifer Bowman</u> Title:	Attitorized Representative			
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]			
Signature: Innifer Bowman	Title: President			
Signature: Printed Name:	_Title:			
Signature: Printed Name:	_Title:			
Signature: Printed Name:	_Title:			
Signature: Printed Name:				
Signature: Printed Name:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.				
If Florida General Partnership or Limited Liabil Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sarasota Portfolio LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

22 S. Links Avenue, Suite 200 Serasota, FL 34236

Mailing Address:

22 S. Links Avenue, Suite 200 Sarasoca, FL 34236

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannol serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

City

Ciaran Farre	n	
	Nan	at
22 S. Links .	Avenue, Suite 200	
Florida st	rect address (P.	O. Box <u>NOT</u> acceptable)
Secusota		FT, 34231
	City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

ignature (REQUIRED) Registered

(CONTINUED)

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ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Jennifer Bowman	
MGR	5386 Gulf Dr., Suite 104	
	Holmes Beach, FL 34217	
	ER TI	
	AR 30	
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	ar I	
(Use attachment if necessary)		
(0.00 million in income))	57	

ARTICLE V: Other provisions, if any.

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REOUIRED SIGNATURE:

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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 aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jennifer Bowman Typed or printed name of signee Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)
