# L14000092967

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

Office Use Only

M. MOON APR 1 7 2018



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04/10/18--01018--023 \*\*150.00

18 APR 10 PH 12: 31

## **To: FL Secretary of State Corporation Division**

#### Please find one articles of Conversion:

TREADSTONE 71, LLC

Please find enclosed a check for \$150 for the certificate of conversion and the new articles of organization

If there are any questions regarding this filing please call Jessica Marschke at 1-800-981-7183 ext. 1267618

#### Please return all completed documents to:

Business Filings Incorporated Attn: Filing Department 8020 Excelsior Drive, Suite 200 Madison, WI 53717

Best Regards,

Filing Department Business Filings Incorporated

#### **COVER LETTER**

SUBJECT: TREAD	OSTONE 71, LLC				
	(Name	of Resulting Florida	Limite	ed Company)	_
Business Entity" into	a "Florida Limited L	iability Company		d fees are submitted to coordance with s. 605.1	
Please return all corr	espondence concernin	g this matter to:			
Jessica Marschke					
	(Contact Person)				
Business Filings In	corporated				
	(Firm/Company)				₩.c. ±
8020 Excelsior Dr.	Ste 200				= 7
	(Address)				70
Madison, WI 5371	7				FILE I
(1	City, State and Zip Code)				
fulfillment@bizfiling	gs.com				22.3
E-mail Address: (to b	e used for future annual re	port notifications)			· -
For further informati	on concerning this ma	tter, please call:			
Jessica Marschke		_at ( <u>800</u>	981	-7183	
(Name of Conta	ict Person)	(Area Code)	(Day	rtime Telephone Number)	-
Enclosed is a check f	or the following amou	int:			
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Filing I and Certified Copy		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRES	S:			ADDRESS:	
Registration Section Division of Corporat	ions	Registra Division		Section Torporations	
2	*~****	D1 (3)()		.orporumona	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

#### **Articles of Conversion**

For

#### "Other Business Entity"

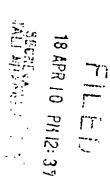
Into

#### 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" immed TREADSTONE 71, LLC	diately prior to the filing of the Articles of Conversion is:
(Enter Name of Other	Business Entity)
2. The "Other Business Entity" is a LLC	·
(Enter entity type,	Example: corporation, limited partnership, rship, common law or business trust, etc.)
First organized. formed or incorporated under the l	aws of Delaware
2/9/2009	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Com	pany as set forth in the attached Articles of Organization:
TREADSTONE 71, LLC	
(Enter Name of Florida Limited	Liability Company)
•	f receipt or filed date nor more than 90 days after the tment of State; <u>AND</u> 2) must be the same as the effective
5. The plan of conversion has been approved in acc	cordance with all applicable statutes.

Page 1 of 2



Signed	d this 4th	day of	April	-	<sub>20.</sub> 18			
			•					
Signa	ture of Autho	rized Rep	oresentative of Li	<u>imited.</u>	Liability Company:			
Signat	ure of Author	ized Repro	esentative (17.4)	V. Buch	a:			
Printed	d Name: <u>Jeffre</u>	y Bardin		.j.,	간: Fitle: <u>Member</u>	_		
						_		
			_		e below for required signature(s).			
Signat	urc:		The Ford	dan.	Title: Member			
Printed	d Name: Jeffre	ey Bardin	<u></u>	7	litle: Member	<del>-</del> -		
Signat Printe	ure:				Title:	_		
Timee	i Name.		<u> </u>		itte.			
Signat	ure:				Fitle:	_		
Printe	d Name:			<del></del> 7	Fitle:	_		
Signat	ure:							
Printed	d Name:				litle;	_		
Signat Printer	ure:				Fitle:	_		
Signat	ure:				Fitle:	_		
Printed	d Name:				Fitle:	_		
If Flor	rida Corporat	ian.						
			nairman, Director,	or Oti	īcer.			
If Dire	ctors or Office	ers have no	t been selected, an	n Incorp	porator must sign.			
If Elas	rida Canaral I	)artnarchi	p or Limited Liab	hilien I	Dartnarchia	<u></u>		
Signat	ure of one Ger	eral Partne	p oi Emmed Elai Pr.	Duncy 1	at ther sup.		18 AP	
						法法	APR	Ti
				bility I	<u>limited Partnership:</u>	4.	0	
Signat	ures of <u>ALL</u> C	ienerai Par	iners.			-:		: Ti
All oth	ners:						PK 12:	ζ,
Signat	ure of an autho	orized perso	on.				<u>က</u>	٠.,
Fees:						• • •	34	
	Articles of C	onversion		ς	25.00			
			es of Organizatior		125.00			
	Certified Co	py:	<u>.</u>		30.00 (Optional)			
	Certificate o	f Status:		S	5.00 (Optional)			

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Elimica Elability Company is.	
TREADSTONE 71, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11864 Izarra Way Apt. 7206 Fort Myers, FL 33912	11864 Izarra Way Apt. 7206 Fort Myers, FL 33912 Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:  red Agent. You must designate an individual or another egistered agent are:
The name and the Florida street address of the re	egistered agent are:
Business Filings Incorpora	ated
Name	
1200 South Pine Island R	oad
Florida street address (P.O.	Box NOT acceptable)
Plantation	FL 33324
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci. statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S  Mark Williams, AVP, Business Filings Incorporated
Kegistered Agent's Sign:	ature (KEQUIKED)
Registered Agent's Signa	

(CONTINUED)

Page 1 of 2

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Jeffrey Bardin 11864 Izarra Way, Apt. 7206
	Fort Myers , Florida 33912
AMBR	Nancy Bardin
	11864 Izarra Way, Apt. 7206 Fort Myers, Florida 33912
	Fort Myers , Florida 33912
·	
	<u> </u>
(Use attachment if necessary)	
<b>CTICLE V:</b> Effective date, if other than the an effective date is listed, the date must	e date of filing: (OPTIONAL)  be specific and cannot be more than five business days pr
or 90 days after the date of filing.)	
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	don't bear
Signature of a member	r of an authorized representative of a member.
(In accordance with section 605.0203 (	1) (b). Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true.
	ibmitted in a document to the Department of State
Jeffrey Bardin , Mer	nber
	rped 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)