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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
Special Instructions to Filing Officer:

Office Use Only

M. MOON MAY 24 2018



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18 HAY 23 AR

CT Corp.

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

Date: 5/23/2018

Da	3/23/2				
		Acc#I2016	50000072	5131	
Name:	Mile High	of Savannah,	Inc. (FL)		
Document #:					
Order #:	10984313				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:					
Apostille/Notarial Certification:		Country of De			
Filing: Conversion	Certified Plain: COGS:				220
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount	:\$ 486.30	35.00		18 HAY 23 AMII: 31
		Thank	· · · · · · · · · · · · · · · · · · ·		

COVER LETTER

TO: New Filing Se Division of Co					
SUBJECT: Mile High	of Savannah, LLC				
30b3EC1	(Name of Res	ulting Florida Limite	d Com	pany)	-
				d fees are submitted to ecordance with s. 605.1	
Please return all corre	spondence concerning	g this matter to:			
Donna Sorensen					
	(Contact Person)				
DLA Piper LLP (US)					_
	(Firm/Company)				8
401 Congress Ave. Suite	2500				
	(Address)				100
Austin, TX 78701					18 EM 23 EM 18 21
((City, State and Zip Code)				-
donna.sorensen@dlapipe	r,com				~~ (vg
E-mail Address: (to be	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
Donna Sorensen		at (512	457-7	7062	
(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)	_
	or the following amou a bank located in the		rocess	sed by this office must b	be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS New Filing Section Division of Corporati Clifton Building	ions	New Fi Divisio P. O. B	ling S n of C ox 63	Corporations 27	
2661 Executive Cent	er Circle	t allaha	ssee.	FL 32314	

Tallahassee, FL 32301

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: Mile High of Savannah, Inc.
(Enter Name of Other Business Entity) (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
March 31, 2015
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: Mile High of Savannah, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: May 29, 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.

Signed this 23 day of May	_ 20_18	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: H.R. Bo	wser, Jr.	
Signature of Authorized Representative: H.K. Bo	Title: Authorized Representative	6 1 2 1 1 2 1 1 2 1
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	100 mm
H.R. Bowser, Ir.		
Signature: H.R. Bowser, Jr. Printed Name: H.R. Bowser, Jr.	Title: Director	-
Printed Name: H.K. Bowser, Jr.	Title. Director	
Signature:		
Signature:Printed Name:	Title:	- -
Signature:	Tial	-
Printed Name:	I itle:	_
Signature:		
Signature:Printed Name:	Title:	-
Signature:Printed Name:		_
Printed Name:	Title:	_
Signature:		
Signature:Printed Name:	Title:	_
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.	******	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
<u>Fees:</u>		
A di La a Constantino	\$25.00	
Articles of Conversion:	\$25.00 \$125.00	
Fees for Florida Articles of Organization: Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
Continuate of Diates.	/	

ARTICLE I - N		R FLORIDA LIMITED LIABIL ny is:	III COMI AIVI
Mile High of Savar		liability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II The mailing add		he principal office of the Limited I	liability Company is:
Principal Office	e Address:	Mailing Address:	
669 Marina Dr Blo Charleston SC, 29492	dg 202 Suite B6	CT Corporation System 1200 South Pine Island Road Plantation FL, 33324	
(The Limited Liability	Registered Agent, Regis y Company cannot serve as its own an active Florida registration.)	tered Office, & Registered Agent Registered Agent. You must designate an indi	's Signature: vidual or another
The name and th	ne Florida street address of	the registered agent are:	
	CT Corporation System		
	1	Name	
	1200 South Pine Island Ro		
	Florida street address	(P.O. Box NOT acceptable)	
	Plantation	FL 33324	
	City	Zip	
liability co registered age statutes rela	mpany at the place designa ent and agree to act in this c ting to the proper and comp	and to accept service of process for a ted in this certificate. I hereby accept capacity. I further agree to comply valete performance of my duties, and as registered agent as provided for t	ot the appointment as with the provisions of all I am familiar with and
	in of	Michael E. Jones	24
	Registered Agent's	s Signature (REQUIRED)	18 HAY 23
	(CO!	NTINUED)	23 AHII: 3

A	RI	r II.	<i>(</i> ' ' '	Ľ	- 13	. 7

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			
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			_
			
			_
		<u>. </u>	_
		<u>-</u>	-
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		75.	
			_ 00 00
(Use attachment if necessary)			
			()
LE V: Other provisions, if any.		·	
John V. Other provisions, it may			:
REQUIRED SIGNATURE:			
/s/ H.R. Bowser, Jr.			_
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of with section 605.0203 (1) (b). Florida Stament to the Department of State constitute	atutes. I am aware	that Telony
H.R. Bowser, Jr.			
Tv	ned 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)