L1800014130

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





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08/11/18--B1004--B30 **155.00

ALLAHASSEE, FLORIDA

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K. PAGE

COVER LETTER

SUBJECT: <u>Frampton Avanue Associates LLC</u> (Name of Resulting Florida Limited Company)
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Robert M. Roth
(Contact Person)
Franction Avenue Associates LLC (Firm/Company) 27357 Franction Avenue (Address) (Address) Brooksville FL 34602 (City. State and Zip Code)
(Firm/Company)
27357 Frampton Avenue. 8
(Address)
Brooksville, FL 34602
(City, State and Zip Code)
rob @ 90 If Co 95t/qwfirm. Com
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Robert M. Roth at (813) 610-2982
(Name of Contact Person) (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)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$150.00 Filing Fees and Certificate of Status \$\$180.00 Filing Fees and Certified Copy 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

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO: New Filing Section Division of Corporations

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:

Frampton Avenue Associates Inc. DIX - 3505

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corpo	rotlen
(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)
on April 25, 2018 (date of organization, formation or incorporation)	

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

Frampton Avenue Associates LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 50nc 11, 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 6th day of June	_20_18
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Robert M. Roth	Title: Managing Member
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:	
Printed Name: Role M. Roth	Title: President
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	The state of the s
Printed Name:	little:
Signature:	
Printed Name:	_ Title:
C:	
Signature:Printed Name:	Title
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
in Directors of Officers have not been selected, an inc	corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)

2018 JUN 11 AK II: 24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Frampton Avenue Associates	
(Must contain the words "Limited Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Company is:
Principal Office Address: Mailin	g Address:
27357 Francten Avenue Brooksville, FL 34602	some
Brooksville, FC 39602	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent, business entity with an active Florida registration.) The name and the Florida street address of the registered	You must designate an individual or another agent are:
Robert M. Ro Name	九
Name	80.
27357 Frampton A	enve me to
Florida street address (P.O. Box NC	<u>or</u> acceptable)
Brooksville FL	The series of State o
City	Zip
Having been named as registered agent and to accept s liability company at the place designated in this cert registered agent and agree to act in this capacity. I furt statutes relating to the proper and complete performan	ificate, I hereby accept the appointment as her agree to comply with the provisions of all nce of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Δ	RTI	CI	\mathbf{F}	IV.

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

Name and Address:
Robert M. Roth 27357 Frampton Avenue Brooksville, FL 34602
ELLA JOS
25. C. L. C.
CALL TO A STATE OF THE STATE OF

REQUIRED SIGNATURE:

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.

Robert M. Roth

Typed 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)