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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-





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SECRETARY OF STATE FALLAHASSITE. FLORIDA

JUL 19 2018
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COVER LETTER

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Division of Corporations	
SUBJECT: 6310 Blountstown PDI, LLC	2
	e of Resulting Florida Limited Company)
The enclosed Articles of Conversion Business Entity" into a "Florida Lim	. Articles of Organization, and fees are submitted to convert an "Other ited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence con-	cerning this matter to:
Daisy Castro	
(Contact Person)
Schulten Ward Turner & Weiss LLP	
(Firm/Company)
260 Peachtree St NW, Suite 2700	
(Address)	
Atlanta, Georgia 30303	
(City, State and Zip 6	Code)
d.castro@swtwlaw.com	
E-mail Address: (to be used for future an	nual report notifications)
For further information concerning th	nis matter, please call:
Daisy Castro	at (404) 688-6800
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located i	amount: (All checks processed by this office must be payable in US in the United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\int \frac{1}{2} \frac\	
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

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a - 1111111111111111111111111111111111
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
11/21/2016 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: 6310 Blountstown PDI, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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.

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Signed this 17 day of June	20_18	
Signature of Authorized Representative of Lim		
Signature of Authorized Representative: Printed Name: Russell E Skalla	Title: Member	
Signature(s) on behalf of Other Business Entity:		
Signature:	Title: Member	_
Signature: Printed Name:		-
Signature:Printed Name:	Title:	<u> </u>
Signature:Printed Name:	Title:	<u> </u>
Signature:Printed Name:		
Signature: Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	Officer.	_
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		.
Fees:		18 J SECK ALLA
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILED JUL 19 PH 12: 39 CRETARY OF STATE ANIASSEE, FLORIDA
		₩ DA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: 6310 Blountstown PDI, 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: Mailing Address: 122 Indian Bayou Dr. 122 Indian Bayou Dr. Destin, Fl 32541 Destin, Fl 32541 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot 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: Russell E Skalla Name 122 Indian Bayou Dr

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..

Registered Agent's Signature (REQUIRED)

Florida street address (P.O. Box **NOT** acceptable)

City

Destin,

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager Russell E Skalla MRV	1001 11 7 7	
Russell E Skalla 1118	122 Indian Bayou Dr Destin, Florida 32541	
·	Destin, Plonda 32541	
James W Bennett III MB2	3562 Roswell Rd NW	
1. (0)	Atlanta, GA 30305	
		
		
(Use attachment if necessary)		
(Ose attachment if necessary)		-
		∑. SE 7a
CLE V: Other provisions, if any.		CRE
		AS.
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		PM 12: 39 OF STATE FLORIDA
REQUIRED SIGNATURE:	//	1.5 1.5
Talle fill	2	20 A
Signature of a mambar or		44 19 40
This document is executed in accordance	an authorized representative of a m with section 605.0203 (1) (b), Florida Statute ment to the Department of State constitutes a t	s. I am aware that
Russell E Skalla	· 	
Tu	ped or printed name of signee	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-