## 118000206386

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
(Document Number)	
(Excernent Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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## **COVER LETTER**

<b>TO:</b> New Filing So Division of C				
	•			
SUBJECT: Kivelden	d Investments Fla, LLC (Name of Res	ulting Florida Li	imited Con	npany)
	s of Conversion, Artic	les of Organiz	zation, an	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to	o:	
William G. Morris				
	(Contact Person)			
William G. Morris, PA				
	(Firm/Company)			
PO Box 2056				
	(Address)			
Marco Island, FL 3414	5			
	City, State and Zip Code)		<del></del>	
wgm@wgmorrislaw.co				
	e used for future annual re	port notifications	s)	
For further informati	on concerning this ma	tter, please ca	11:	
William G. Morris		_at ( <sup>239</sup>	642-	6020
(Name of Conta	ict Person)	_at (	ode) (Day	ytime Telephone Number)
	or the following amou a bank located in the	•	•	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fit and Certified (		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MA	ILING A	ADDRESS:
New Filing Section		New	Filing S	Section
Division of Corporat	ions			Corporations
Clifton Building			Box 63	
2661 Executive Cent	er Circle	Tall	ahassee	FI 32314

Tallahassee, FL 32301

## Articles of Conversion For "Other Business Entiry" 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:  River Bend Investments, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Fixample: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (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)
December 9, 2010 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: Riverbend Investments Fla, 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.



Signed this _ day of August	
Signature of Authorized Representative of Lim	uited Liability Company:
Signature of Authorized Representative: Fine Printed Name: James C. Fisher	nes C. Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: James C. Fisher Printed Name: James C. Fisher	Title: Manager
\ /	Intle:
Signature:	
Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	OPT
If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
organituse of one cremeral radiner.	
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	tv Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Asticles of Converting	<b>#35.00</b>
Articles of Conversion:	\$25.00 \$136.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Cermicate of Status.	35.00 (Optional)

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PALL AHASSFE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	A FOR FLORIDA LIMITED LIABILITY COMPANY
The name of the Limited Liability Co	ompany is:
Riverbend Investments Fla. LLC	
(Must contain the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9931 Corso Bello Drive	9931 Corso Bello Drive
Naples, FL 34113	Naples, FL 34113
The name and the Florida street addre	Name
247 N. Collier Blvd.	
Florida street add	iress (P.O. Box NOT acceptable)
Marco Island	FL 34145
City	y Zip
liability company at the place des registered agent and agree to act in t statutes relating to the proper and accept the obligations of my positions.	gent and to accept service of process for the above stated limited rignated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

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<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	James C. Fisher	
	9931 Corso Bello Drive	
	Naples, FL 34113	
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Use attachment if necessary)		្ម
CRIM ONL		9
LE V: Other provisions, if any.		E
		<u> </u>
	1	
REQUIRED SIGNATURE:	C. Fesker	
tames	C. 781 LC 7	
	in authorized representative of a mer	
This document is executed in accordance v	with section 605,0203 (1) (h) Florida Statutas 1	1 am ab
any false information submitted in a docume as provided for in s.817.155, F.S.	sent to the Department of State constitutes a thir	d degree felon
James C. Fisher		
Tvn	ed or printed name of signee	

ARTICLE IV-