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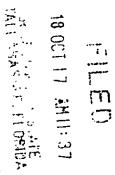
(Red	questor's Name)	
(Add	dress)	
	dress)	
·	·	
(City	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	·
Certified Copies	Certificates of	Status
Special Instructions to I	Filing Officer:	
<u> </u>		

Office Use Only



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T SCHROEDER

COVER LETTER

	w Filing Solision of C	ection orporations			
SURIFCT	. Cape Stre	et Associates, L.L.C.			
301312C1	·	(Name of Res	ulting Florida Limite	d Con	npany)
					d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please retu	rn all corre	espondence concerning	g this matter to:		
Alan S. Gass	sman				
		(Contact Person)			
Gassman, Ci	rotty & Deni	colo, P.A.			
		(Firm/Company)			
1245 Court 5	Street				
		(Address)			
Clearwater,	FL 33756				
	((City, State and Zip Code)	 .		
E-mail A	ddress: (to b	e used for future annual re	port notifications)		
For further	informati	on concerning this ma	tter, please call:		
Carla Guidry	<i>'</i>		at (⁷²⁷	442-1	200
(Na	me of Conta	ct Person)		(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
\$150.00 F (\$25 for Con & \$125 for A of Organizati	version articles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET . New Filing Division of Clifton But 2661 Execu	Section f Corporat ilding	ions	New Fil Division P. O. Bo	ling Son of Cox 632	orporations

Tallahassee, FL 32301

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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership,	rship, 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)
April 16, 2007 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the att	ached Articles of Organization:
Cape Street Associates, L.L.C.	·
(Enter Name of Florida Limited Liability Company) November 1, 2 4. If not effective on the date of filing, enter the effective date:	2018
(The effective date: Cannot be prior to date of receipt or filed date nor method 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 requiren	ore than 90 calendar days after
(The effective date: Cannot be prior to date of receipt or filed date nor method 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 requiren document's effective date on the Department of State's records.	nore than 90 calendar days after nents, this date will not be listed as the
(The effective date: Cannot be prior to date of receipt or filed date nor method 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 required document's effective date on the Department of State's records. 5. The plan of conversion has been approved in accordance with all applicable. The "Converted or Other Business Entity" has agreed to pay any members hawhich such members are entitled under ss. 605.1006 and 605.1061-605.1072	nore than 90 calendar days after ments, this date will not be listed as the le statutes. Ving appraisal rights the amount to

Signed this 87H day of OCTOBER	20_18			
Signature of Authorized Representative of Limi	ted/Liability Company:			
Signature of Authorized Representative: Printed Name: Alan S. Gassman	Title: Authorized Representative	_		
Signature(s) on behalf of Other Business Entity:				
Signature:	Title: Authorized Representative	-		
Signature:Printed Name:				
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	Title:	_		
Signature:Printed Name:	Title:	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer			
If Directors or Officers have not been selected, an Inc				
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:		18 001 1	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:		7	
All others: Signature of an authorized person.		T (WAND)	MH11: 37	
Fees:		1		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Cape Street Associates, L.L.C.		
(Must contain the words "Limited Lie	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
1245 Court Street	1245 Court Street	
Clearwater, Ft. 33756	Clearwater, FL 33756	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the street address of th	egistered Agent. You must designate a	
Alan S. Gassman		
N	ame	
1245 Court Street		
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Clearwater	FL 33756	
City	Zip	
Having been named as registered agent ar liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	d in this certificate. I hereby a pacity. I further agree to con ete performance of my duties,	accept the appointment as apply with the provisions of all and I am familiar with and
(CON)	(INUED)	FILED 20117 AMIL: 3 SASSECT FOREIGN

ARTICLE IV-

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					
MGR	EASTOVER, L.L.C.				
	1245 Court Street				
	Clearwater, FL 33756				
					
					
(Use attachment if necessary)	9 - 1				
	- 3 ft.				
GLE V. Other provisions if any	17				
CLE V: Other provisions, if any.					
	· · · · · · · · · · · · · · · · · · ·				
REQUIRED SIGNATURE:					
Signature of a member or	r an authorized representative of a member				
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes, I am aware th				
any false information submitted in a docu as provided for in s.817.155, F.S.	ument to the Department of State constitutes a third degree felo				
•					
Alan S. Gassman, Authorized Represen					
Alan S. Gassman, Authorized Represen	yped or printed name of signee Filing Fees				