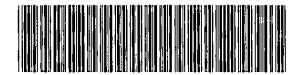
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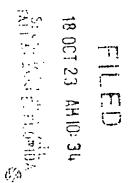
(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	cument Number)	
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Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO: New Filing Son Division of C			
SUBJECT:	PROT TOP (Name of Res	<i>Beach Dev</i> ulting Florida Limited Con	religionary L2C
		-	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:	
Dun Adk	īns		
	(Contact Person)		
405 DR	(Firm/Company) Hwas d Po.	nt Pd	
SANTA RU	(Address) SA Blach, Dity, State and Zip Code)	FL 32459	
Conadkins	67 Dy mAil e used for future annual re		
For further informati	on concerning this ma	-	127-6189
(Name of Conta	ct Person)	at (<u>\$50</u>)	Time 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 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES New Filing Section	S:	MAILING A New Filing S	

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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.

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)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 4/24/2005 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Park of Typ Beach Development LLC (Pater 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.
18 OCT 23 A

Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: <u>Mul</u> Printed Name: <u>Don Advins</u>	Uh	
Printed Name: Don Harms	Title: My R	
Signature(s) on behalf of Other Business Entity:		
Signature: Ellen M Adding Printed Name: Ellen Adkm's	Title: AmbR	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature		
Signature: Printed Name:	_ Title:	
Signature:Printed Name:		
	Title:Officer. Corporator must sign. ty Partnership:	
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Intelligent Community of Chairman of Chairman, Director, or If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	Title:Officer. Corporator must sign. ty Partnership:	
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Infiferida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others:	Title:Officer. Corporator must sign. ty Partnership:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	Developments LLC
(Must corrain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
405 DR. Hward Point Rd	5Am-e
Sonta RUSA BRACK, FL	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	
Don Adkins	
Name	
405 DR. + + wird	$\frac{Po, n + Rd}{\text{Box NOT acceptable}}$
Florida street address (P.O.	Box NOT acceptable)
SANTA RUSA BU	adel 32459 (1)
City	Zip

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)

(CONTINUED)

Δ	P	7	C	I F	IV-
. 1	13				. , -

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" Dinhe	Don Adkins 1105 DR. Ftweed Point Rd 5Anta Rusa Brack, FL 32455 Flen M. Adkins 405 De. Flewood Point Rd Santa Rusa Brack, Fl. 32455
(Use attachment if necessary)	ν ω
ARTICLE V: Other provisions, if any.	AN 10: 34
	6.0

<u>REQUIRED</u> ŞIGNATURE:

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.

Don Adkins

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)