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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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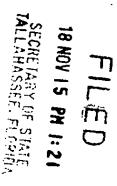
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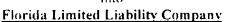


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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	11/15/2018		الله
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Name:	OCALA BU	ILDERS 200, LLC	aurel Clazal	Associates, LLC
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Articles of Conversion For "Other Business Entity" Into





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: Laurel Plaza Associates, L.L.C.
(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 husiness trust, etc.
Direct parameter of Command on in command and the laws of New Jersey
(Enter state, or if a non-U.S. entity, the name of the country)
June 17, 1998
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ocala Builders 200, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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 inis 13 day of November	<u> 26_1.8</u>
Signature of Authorized Representative of Lim	ited Lighility Company:
Signature of Authorized Representative Printed Name, Matthew Schere	1/1/4
Signature(s) on behalf of place Business Latity:	(See below for required signature(s))
1/18/214.4	late Member
Squatare	
Printed Name	uite
Printed Name	Inte.
Signature	
Signature Printed Name	lide
Signature	
Printed Name	Inte
St. in Late	
Stendare Printed Name	* Mar
	. 1885
II Florida Corporation:	
Signature of Chairman A colonarman (breef core	
If Directors of Officers have not been selected, an in	corporator must sum
If Florida General Partnership or Limited Liabili Signature of one General Partner	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners	ts Limited Partnership:
All others: Signature of an authorized person	
FWZ	
Articles of Conversion	N25.00
tices for Florida Articles of Organization	\$125.00
Certified Copy	\$30,00 (Optional)
Certificate of Status	85.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
Ocala Builders 200, LLC			
(Must contain the wor	ds "Limited Liability	Company, "L.L.C.," or "El.C.	")
ARTICLE II - Address: The mailing address and street a	ddress of the pri	incipal office of the Lin	nited Liability Company is:
Principal Office Address:		Mailing Address:	
ARTICLE III - Registered Age (The Limited Liability Company cannot see business entity with an active Florida regis The name and the Florida street Matthew Sche	rve as its own Registe stration.) address of the re	ered Agent. You must designate	
530 SW 24th F	Road		_
Florida stre	et address (P.O.	Box NOT acceptable)	
Miami		FL 33129	_
	City	Zip	-
Having been named as registe liability company at the pla registered agent and agree to a statutes relating to the prope accept the obligations of m	ce designated in act in this capact r and complete p	this certificate, Thereby ity. I further agree to co performance of my duties	accept the appointment as mply with the provisions of all s, and I am familiar with and

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Matthew Scherr
	530 SW 24th Road
	Miami, Florida 33129
(Use attachment if necessary)	
,	
CLE V: Other provisions, if any.	
Title of Carry provisions in ung.	
The state of the s	
REQUIRED SIGNATURE:	.//.//.i
	MMM
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REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is a submitted in	e with section 605.0203 (1) (b), Florida Statutes, I am aware th
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	e with section 605.0203 (1) (b), Florida Statutes, I am aware the
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is a document in a docum	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware thument to the Department of State constitutes a third degree felo

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)

