118002773377

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

Office Use Only

MON 38 5018 NA WYOOM



800320988598

11/20/18--01008--027 **310.00

FILED

18 NOV 20 AM 8: 41

SECRETARY OF STAIL
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing S Division of C				
SUBJECT:	Name of Res	ReSort LL ulting Florida Limited Con	npany)	-
		_	d fees are submitted to eccordance with s. 605.10	
Please return all corre	espondence concerning	g this matter to:		
Richard B Law Office	Sabra Esquara B. (Contact Person) FRichard B. (Firm/Company)	uire Sabrat Associo et Suite 300	ites	18 NOV 20 TALLANDS
4600 She	eridan Stre	et Suite 300		9. A. C.
rbs as Sabra	City, State and Zip Code) A law Compensation of Code and	port notifications)		67 6m
For further information	on concerning this ma	ter, please call:		
Richard B (Name of Conta	Sabra ict Person)	at (<u>954)</u> <u>98</u> (Area Code) (Day	9-8940 time Telephone Number)	-
	or the following amou a bank located in the		sed by this office must b	e 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 ADDRESS	S:	MAILING A	ADDRESS:	

New Filing Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 Dusiness Entity" immediately prior to the filing of the Articles of Conversion is:
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Largo Eco-Resort LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Delaware Lyniked Wability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Delawaye (Enter state, or if a non-U.S. entity, the name of the country)
on <u>Ortober 3, 2011</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Largo ECO- Resort, 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.
TALLAHASSEF.E

Signed this 15th day of November	208
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Elle Printed Name: Elle GA Shore	W Show Title: Manager
Signature(s) on behalf of Other Pusiness Entity:	[See below for required signature(s)]
Signature: Elimin love Printed Name: Edward Store	
Printed Name: Edward Strove	_ Title: <u>Manager</u>
Signature:	Tide
Printed Name:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
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:	•
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

Largo Eco-Resort, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
17063 Darlington Court Boxa Raton, FU 33496	17063 Darlington Court boxa Raton, FO 33496
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	tered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	
_ Edward SI	nore
Name	e
17063 Dar lin Florida street address (P.O.	
buca Raton	FL 33496
	State Zip
Having been named as registered agent and to accept service of p place designated in this certificate. I hereby accept the appointment further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regi-	nt as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I

(CONTINUED)

Ţ.

Title:	Name and Address:
"AMBR" = Authorized Member	-
"MGR" = Manager	() 10 = 1 () 1 =
MGB_	<u>Edward Shore</u>
	17063 parlington court
	Boxa Ration PC 33496
f filing.)	te of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be stilling.) the date inserted in this block does not nent's effective date on the Department.	meet the applicable statutory filing requirements, this data will not be
EV: Effective date, if other than the da ctive date is listed, the date must be s f filing.) the date inserted in this block does not	meet the applicable statutory filing requirements, this data will not be
EV: Effective date, if other than the date ctive date is listed, the date must be so filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this data will not be
EV: Effective date, if other than the date tive date is listed, the date must be so filling.) the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this data will not be
EV: Effective date, if other than the date ctive date is listed, the date must be so filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. EEOUIRED SIGNATURE: ELLIUM Signature of a meaning of the control o	meet the applicable statutory filing requirements, this date will not be at of State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be so filling.) the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. Signature of a many of the department of the department of the department is executed.	meet the applicable statutory filing requirements, this date will not be at of State's records. State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be stiffling.) the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. Signature of a mathematical comment is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not be at of State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be so filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. Signature of a man This document is executed a man aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be at of State's records. The member of an authorized representative of a member, and the accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ctive date is listed, the date must be stiffling.) the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. Signature of a man This document is executed a man aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be at of State's records. The member of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of Statutes.

'ARTICLE IV-

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