# 11800279554

| (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: |
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|   |

Office Use Only



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SECRETARY OF STATE
ANASSES FOR STATE

W18-100226



# FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2018

JONATHAN CRONKHITE 694 HAMMOCK RD MELBOURNE, FL 32904

SUBJECT: DEVOTED HOMES & PROPERTIES, LLC

Ref. Number: W18000100226

We have received your document for DEVOTED HOMES & PROPERTIES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist III

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Letter Number: 118A00023668

### **COVER LETTER**

| TO: New Filing Sec<br>Division of Cor  |   |                                  |                              |  |                         |           |        |
|--|---|----------------------------------|------------------------------|--|-------------------------|-----------|--------|
| SUBJECT: Devoted Ho  | •   | MIZO                             | 0000                         | 6275   |                         |           |        |
|  | (Name of Rest                                       | ilting Florida Limite            | ed Com                       | pany)  |                         |           |        |
| The enclosed Articles of Business Entity" into a   |   | <del>-</del>                     |                              |  |                         |           | ()ther |
| Please return all corres   | pondence concerning                                 | this matter to:                  |                              |  |                         |           |        |
| Jonathan Cronkhite   |   |                                  |                              |  |                         |           |        |
|  | (Contact Person)                                    |                                  |                              |  |                         |           |        |
|  | (Firm/Company)                                      |                                  |                              |  |                         |           |        |
| 694 Hammock Rd.  |   |                                  |                              |  |                         |           |        |
|  | (Address)   |                                  |                              |  |                         |           |        |
| Melbourne, FL 32904  |   |                                  |                              |  |                         |           |        |
| (Cit   | ty, State and Zip Code)                             |                                  |                              |  |                         |           |        |
| DevotedHandP@gmail.cor   | 11  |                                  |                              |  |                         |           |        |
| E-mail Address: (to be   | used for future annual rep                          | oort notifications)              |                              |  |                         |           |        |
| For further information  | n concerning this mat                               | ter, please call:                |                              |  |                         |           |        |
| Jonathan Cronkhite   |   | _at ( 321                        | 223-11                       | 163  |                         |           |        |
| (Name of Contact   | Person)   |                                  | (Dayt                        | time Telephone Number)   | <br>i                   |           |        |
| Enclosed is a check for dollars and drawn on a   | _   | •                                | rocesso                      | ed by this office mus  | it be paya              | ble ir    | ı US   |
| (\$25 for Conversion   | S155.00 Filing Fees<br>and Certificate of<br>Status | S180.00 Filing and Certified Cop |                              | S185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |                         |           |        |
| STREET ADDRESS:<br>New Filing Section<br>Division of Corporatio<br>Clifton Building<br>2661 Executive Center | ns  | New Fi<br>Divisio<br>P. O. B     | ling Se<br>n of Co<br>ox 632 | orporations  | SECRETARY<br>TALLAHASSE | 18 DEC -5 | FIL    |

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: DEVOTED HOMES & PROPERTIES, LLC 10018 0000 6292  |        |
|---|--------|
| (Enter Name of Other Business Entity)   |        |
| 2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust.   | ot.: ) |
| First organized, formed or incorporated under the laws of   |        |
| OCTOBER 7% 2017<br>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  | n:     |
| DEVOTED HOMES & PROPERTIES, 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.   | to     |

| Signed this 8TH                           | day of <u>NOVEMBER</u>  | 20_18                                 |             |
|---|---|---------------------------------------|-------------|
| Signature of Autho                        | orized Representative of L                                      | imited Liability Company:             |             |
| Signature of Author<br>Printed Name: JONA | rized Representative: THAN CRONKHITE                            | Title: MANAGER                        |             |
| Signature(s) on beh                       | nalf of Other Business Entity                                   | v:  See below for required signat     | ture(s)     |
| Signature:                                | A Cutter  | ,                                     |             |
| Printed Name:                             | vattur Croncle  | Title: MANAGER                        |             |
| Signature:                                |   |                                       |             |
| Printed Name:                             |   | Title:                                |             |
| Signature:                                |   |                                       |             |
| Printed Name:                             | ·   | Title:                                |             |
| Signature:                                |   |                                       |             |
| Printed Name:                             |   | Title:                                |             |
| Signature:                                |   | · · · · · · · · · · · · · · · · · · · | <del></del> |
| Printed Name:                             |   | Title:                                |             |
| Signature:                                |   |                                       |             |
| Printed Name:                             |   | Title:                                |             |
| If Florida Corpora                        |   |                                       |             |
|   | ian, Vice Chairman, Director,<br>ers have not been selected, ar |                                       |             |
| II Directors of Offic                     | ers have not been selected, at                                  | i meorporator must sign.              |             |
| If Florida General Signature of one Ge    | Partnership or Limited Lia                                      | bility Partnership:                   |             |
| arghature of one of                       | neral rather.   |                                       |             |
| If Florida Limited Signatures of ALL      | Partnership or Limited Lia General Partners.                    | bility Limited Partnership:           |             |
| All others:<br>Signature of an auth       | orized person.  |                                       |             |
| Fees:                                     |   |                                       | <b></b>     |

Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compan   | y is:   |
|--|---|
| DEMOTES HOME & DRADERTING LLC  |   |
| DEVOTED HOMES & PROPERTIES, LLC  (Must contain the words "Limited L  | iability Company, "L.L.C.," or "LLC.")                        |
|  |   |
| ARTICLE II - Address:  |   |
| The mailing address and street address of the  | he principal office of the Limited Liability Company is       |
| Principal Office Address:  | Mailing Address:  |
| 694 HAMMOCK RD.  | SAME  |
| MELBOURNE, FL 32904  |   |
|  |   |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) | Registered Agent. You must designate an individual or another |
| The name and the Florida street address of   | the registered agent are:                                     |
| JONATHAN CRONKHITE   | <u>.                                    </u>                  |
|  | Name  |
| 694 HAMMOCK RD.  |   |
| Florida street address   | (P.O. Box NOT acceptable)                                     |
| MELBOURNE  | FL 32904  |
| City   | Zip   |
|  | and to accept service of process for the above stated limi    |

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)



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                                    |  |          |  |
|  | JONATHAN CRONKHITE                                       |          |  |
| "MGR" = Manager MGR  (Use attachment if necessary) | 694 HAMMOCK RD   |          |  |
|  | MELBOURNE, FL 32904                                      | _        |  |
|  |  | _        |  |
|  |  |          |  |
| <del></del>  |  | —        |  |
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|  | Air-   |          |  |
|  | TAS H  | _        |  |
| "AMBR" = Authorized Member "MGR" = Manager MGR     |  | -        |  |
|  |  | <u>†</u> |  |
|  |  | <u>.</u> |  |
|  | <u>ن چيک</u> و چيک د د د د د د د د د د د د د د د د د د د |          |  |
| (Use attachment if necessary)                      |  | -        |  |
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| CLE V: Other provisions, if any.                   |  | 5        |  |
|  |  | _        |  |
|  |  |          |  |

REQUIRED SIGNATURE:

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.

JONATHAN CRONKHITE

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)