

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	New Filing S Division of C				
SUB.	JECT: LOOMIS	INVESTMENT 14, LLC			
			sulting Florida Limit	ed Con	npany)
			-		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
LOUI	S J. BOYD				
		(Contact Person)			
GRAI	VITE ASSOCIATE	ES, INC.			
	•	(Firm/Company)			
225 B	ANYAN BOULE	VARD, SUITE 130			
		(Address)	···		
NAPL	.ES, FL 34102				
	((City, State and Zip Code)			
deolav	vito@granitelp.con	1			
E-1	mail Address: (to b	e used for future annual re	port notifications)		
For fi	irther information	on concerning this ma	tter, please call:		
LOUI	S J. BOYD		_at (228-6	5505
	(Name of Conta	et Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILI	NG A	ADDRESS:
	Filing Section		New Fil	_	
	ion of Corporati in Building	ions	Division P. O. Bo		orporations
	Executive Cent	er Circle			FL 32314

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: LOOMIS INVESTMENT 14, LLC
(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 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)
FEBRUARY 18, 2016 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: LOOMIS INVESTMENT 14, 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.

Signed this 15th day of November	20/&
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: ADAM GERRY	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: ADAM GERRY	That Managurb
Printed Name: ADAM GERK 1	Title: MANAGER
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

LOOMIS INVESTMENT 14, LLC		
(Must contain the words "	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	ess of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
225 BANYAN BOULEVARD	225 BANYAN BOULEVARD	
SUITE 130	SUITE 130	
NAPLES, FL 3 4102	NAPLES, FL 34102	
	Name	EC -7
55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	OULEVARD, SUITE 130	[71]
225 BANYAN BO Florida street a		
Florida street a	iddress (P.O. Box NOT acceptable)	AR 9:
Florida street a	iddress (P.O. Box <u>NOT</u> acceptable) FL 34102	AM 9: 56
Florida street a	iddress (P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR	ADAM GERRY GRANITE ASSOCIATES, INC., 225 BANYAN BLVD., SUITE 130, NAPLES, FL 34102
	GRANITE ASSOCIATES, INC., 225 BANYAN
MGR	GRANITE ASSOCIATES, INC., 225 BANYAN
	· · · · · · · · · · · · · · · · · · ·
	BLVD., SUITE 130, NAPLES, FL 34102
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
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LE V: Other provisions, if any.	
Lie V. Other provisions, it any.	A STATE OF THE STA
<u> </u>	
DEMHIDED CLEMATION.	
REQUIRED SIGNATURE:	
	
Signature of a member or an	authorized representative of a member
any false information submitted in a docume	ith section 605.0203 (1) (b), Florida Statutes, I am aware nt to the Department of State constitutes a third degree f
as provided for in s.817.155, F.S.	in to the technicine of state constitutes a finite degree b

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)