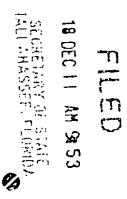
# 118000283618

(Decreased News)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Olly Otate/21p) Filolie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(coonsist 2 mi, rame,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

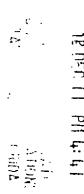
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# Filing Cover Sheet

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From: Kim Tadlock C/O Capitol Services, Inc.

Date: 12/11/2018

Frans#: 1019658

# intity Name: 1884 BAYTOWNE LOOP, LLC

```
Articles of Amendment ( )
   Articles Incorporation ( )
   Articles of Dissolution ()
                                               Annual Report ( )
   Conversion (XX)
                                                     Fictitious Name ( )
   Foreign Qualification ( )
                                               Limited Liability ()
   Limited Partnership ()
                                               Merger ( )
                                               Withdrawal / Cancellation ( )
   Reinstatement ( )
   Other ()
ATE FEES PREPAID WITH CHECK#1369 FOR $180.00
.EASE RETURN:
ertified Copy ( XX ) Plain Photocopy ( )
ood Standing ( )
                        Certificate of Fact ( )
```

## **COVER LETTER**

TO:	New Filing So Division of C				
SUBJ	JECT: 1884 Bay	towne Loop, LLC			
15 0 150			ulting Florida Limite	ed Com	pany)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
Gary l	Moore				
		(Contact Person)			
		(Firm/Company)			
403 C	oleman Point				
		(Address)			
Destir	n, Florida 32541				
	(0	City, State and Zip Code)	-		
joanm	oore@mooretrans	oort.com			
E-t	mail Address: (to b	e used for future annual re	port notifications)		
For fu	urther informati	on concerning this ma	tter, please call:		
Gary i	Moore		at ( 850	460-7	504
	(Name of Conta	ict Person)	_	(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	ed by this office must be payable in US
(\$25 fo & \$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
New Divis Clifte	EET ADDRES Filing Section ion of Corporat on Building Executive Cent	ions	New Fi Divisio P. O. B	ling Son of C ox 631	orporations

Tallahassee, FL 32301

#### Articles of Conversion

For

## "Other Business Entity"

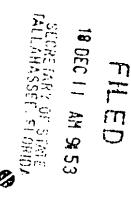
Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

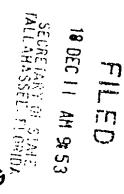
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  1884 Baytowne Loop, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
March 24, 2015
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
1884 Baytowne Loop, 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 29 day of November	20 IX
Signature of Authorized Representative of Igo	mited Liability Company:
Signature of Authorized Representative Printed Name. Gary Moore	G Mile: Manager
Signature(s) on behalf of Other Business Entity	[See below for required signature(s)]
Signature. Name: Gary Mouve	
Printed Name: Gary Monde	Title Manager
Signature Printed Name.	
Printed Name.	Title:
<b>e</b> !	
Printed Name.	Litle.
Signature:	
Printed Name	Title
Signature. Printed Name:	
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 In	r Officer
If Florida General Portnership and Imited 11 5 5	Pro Pro La Cara
If Florida General Partnership or Limited Liabi Signature of one General Partner	ulv Parmership:
If Florida Limited Partnership or Limited Liabit Signatures of <u>ALL</u> General Partners.	fity Limited Partnership:
All others: Signature of an authorized person.	
Fees.	

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



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

1884 Baytowne Loop	NII C		
<del></del>	<del></del>	bility Company, "L.L.C.," or "LL.C.")	
ARTICLE II - A	ddress:		
		e principal office of the Limited Lia	ability Compan
Principal Office	Address:	Mailing Address:	
403 Coleman Point		403 Coleman Point	
Destin, Florida 32541	1	Destin, Florida 32541	
ARTICLE III - F	Registered Agent, Registe	red Office, & Registered Agent's	
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.)	red Office, & Registered Agent's egistered Agent. You must designate an indivi	
ARTICLE III - F (The Limited Liability C business entity with an	Registered Agent, Registe	red Office, & Registered Agent's egistered Agent. You must designate an indivi	dual or another
ARTICLE III - F (The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.)	red Office, & Registered Agent's egistered Agent. You must designate an indivine registered agent are:	dual or another
ARTICLE III - F (The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.)  Florida street address of the Capitol Corporate Services In	red Office, & Registered Agent's egistered Agent. You must designate an indivine registered agent are:	dual or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.)  Florida street address of the Capitol Corporate Services In	red Office, & Registered Agent's egistered Agent. You must designate an indivine registered agent are:	SEURETARY SALL AHASSEE
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.)  Florida street address of the Capitol Corporate Services In No.	red Office, & Registered Agent's egistered Agent. You must designate an indivine registered agent are:	dual or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.)  Florida street address of the Capitol Corporate Services In No.	red Office, & Registered Agent's egistered Agent. You must designate an indivine registered agent are:  ne. ame	THE DEC I I AM  SECRETARY OF SALL AHASSEELER

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..

Kim Tadlock, Asst Sect on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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	Gary Meore
	403 Coleman Point
	Destin, Florida 32541
	20_1
<del></del>	
	AR R
(Use attachment if necessary)	SSX —
· ·	To A
	· · · · · · · · · · · · · · · · · · ·
FICLE V: Other provisions, if any	
	<u> </u>
	<b>%</b>
REQUIRED STGNATURE:	
G m con	
1 micon	·
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
	ment to the Department of State constitutes a third degree felony
as provided for in s.817 155, F.S	
Gary Moore	
ر مورود المراجع	ped or printed name of signee
• • • • • • • • • • • • • • • • • • • •	Filing Fees
	4 4 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)