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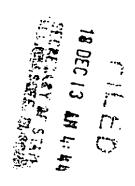
| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | ocument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: New Filing Division of | Section Corporations | | |
|--|---|--|--|
| SUBJECT: GRANI | TE GROWTH 191, LLC | | |
| | | sulting Florida Limited (| Company) |
| | | _ | and fees are submitted to convert an "Othern accordance with s. 605.1045, F.S. |
| Please return all co | respondence concernin | g this matter to: | |
| LOUIS J. BOYD | | | |
| | (Contact Person) | | |
| GRANITE ASSOCIA | TES, INC. | | |
| | (Firm/Company) | · | |
| 225 BANYAN BOUL | EVARD, SUITE 130 | | |
| | (Address) | | |
| NAPLES, FL 34102 | | | |
| | (City, State and Zip Code) | | |
| dcolavito@granitelp.co | | | |
| E-mail Address: (to | be used for future annual re | port notifications) | |
| For further informa | tion concerning this ma | tter, please call: | |
| LOUIS J. BOYD | | _at (239) ²³ | 28-6505 |
| (Name of Con | tact Person) | | Daytime Telephone Number) |
| | for the following amou on a bank located in the | | sessed by this office must be 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 Fee and Certified Copy | Certified Copy. and Certificate of Status |
| STREET ADDRE | SS: | MAILING | G ADDRESS: |
| New Filing Section | | New Filin | |
| Division of Corpora Clifton Building | ations | Division o P. O. Box | f Corporations 6327 |
| 2661 Executive Cer | nter Circle | | re, 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: GRANITE GROWTH 191, 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) |
| JULY 24, 2015 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: |
| GRANITE GROWTH 191, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: JANUARY 1, 2019 |
| (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 day of DOVEMBER | 20 <i>[8</i> | | |
|---|----------------------------|---------------------------------------|---------------|
| Signature of Authorized Representative of Lim | ited Liability Company: | | |
| Signature of Authorized Representative: | Title: MANAGER | | |
| Signature(s) on behalf of Other Business Entity: | | | |
| Signature: // Signature: Printed Name: KEITH SUEHNHOLZ | <u> </u> | | |
| Printed Name: KEITH SUEHNHOLZ | Title: MANAGER | | |
| Signature: | W. I | | |
| Printed Name: | | | |
| Signature: Printed Name: | Title | | |
| | | | |
| Signature:Printed Name: | Title: | | |
| Signature: | | | |
| Signature:Printed Name: | Title: | | |
| Signature: Printed Name: | | | |
| Printed Name: | Title: | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or | Officer | | |
| If Directors or Officers have not been selected, an In- | corporator must sign. | | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 8 0€ |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership | - | 013 |
| Signatures of ALL General Partners. | cy Emilieu I at the estip. | 137 40 131 40 131 41 | E |
| All others: Signature of an authorized person. | | | ##:4 H# |
| Fees: | | | |
| Articles of Conversion: Fees for Florida Articles of Organization: | \$25.00 \$125.00 | | |

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Company, "L.L.C.," or "LLC.") incipal office of the Limited | | - | |
|--|--|--|--|
| | | - | |
| | | _ | |
| incipal office of the Limited | | | |
| incipal office of the Limited | | | |
| | d Liability (| Comp | any is: |
| Mailing Address: | | | |
| 225 BANYAN BOULEVARI |) | | |
| SUFFE 130 | | - | |
| NAPLES, FL 34102 | | _ | |
| · · · · · · · · · · · · · · · · · · · | 3384VBR 135 | 18 DEC 13 L | F |
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| this certificate, I hereby acc ty. I further agree to comply erformance of my duties, an istered agent as provided for / , ature (REQUIRED) LOUI | ept the appo v with the pr d I am famil r in Chapter | ointme ovisie liar w · 605, | ent as ons of ai ith and F.S |
| | Mailing Address: 225 BANYAN BOULEVARD SUFTE 130 NAPLES, FL 34102 Office, & Registered Age ered Agent. You must designate an integrate and are: UITE 130 Box NOT acceptable) FL 34102 Zip accept service of process for this certificate, I hereby accept. I further agree to comply the erformance of my duties, and intered agent as provided for integral of the ered agent age | Mailing Address: 225 BANYAN BOULEVARD SUFTE 130 NAPLES, FL 34102 Office, & Registered Agent's Signate an individual or and engistered agent. You must designate an individual or and engistered agent are: UITE 130 Box NOT acceptable) FL 34102 Zip accept service of process for the above this certificate, I hereby accept the appearty. I further agree to comply with the preformance of my duties, and I am familiastered agent as provided for in Chapter agree (REQUIRED) LOUIS J. BOYD | 225 BANYAN BOULEVARD SUITE 130 NAPLES, FL 34102 Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another egistered agent are: UITE 130 Box NOT acceptable) FL 34102 Zip accept service of process for the above stated this certificate, I hereby accept the appointment ty. I further agree to comply with the provision erformance of my duties, and I am familiar we istered agent as provided for in Chapter 605. Atture (REQUIRED) LOUIS J. BOYD, SECONDARD AGENT A |

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager | |
| MGR | KEITH SUEHNHOLZ |
| | GRANITE ASSOCIATES, INC., 225 BANYAN |
| | BLVD., SUITE 130, NAPLES, FL 34102 |
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| Use attachment if necessary) | en de la companya de La companya de la co |
| | 58 |
| E V: Other provisions, if any. | |
| 525 V. Other provisions, it any. | |
| | |
| | P ^A CA |
| | A Company |
| REQUIRED SIGNATURE: | |
| | |
| free deaded | 9 |
| Signature of a member or a | n authorized representative of a member |
| This document is executed in accordance in | with section 605,0203 (1) (b). Florida Statutes, Lam aware |
| as provided for in \$.817.155, F.S. | nent to the Department of State constitutes a third degree for |
| • | |
| | |
| KEITH SUEHNHOLZ, MANAGER | |
| | ped or printed name of signee Filing Fees |