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

Division of C	orporations		
SUBJECT: GRANIT	E GROWTH 102, LLC		
Sobsect.		sulting Florida Limited C	ompany)
		•	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
LOUIS J. BOYD			
	(Contact Person)		
GRANITE ASSOCIATE	ES, INC.		
	(Firm/Company)		
225 BANYAN BOULEY	VARD, SUITE 130		
	(Address)		
NAPLES, FL 34102			
((City, State and Zip Code)		
dcolavito@granitelp.con	n		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
LOUIS J. BOYD		_at ()_22	8-6505
(Name of Conta	ict Person)	(Area Code) (E	Paytime Telephone Number)
	or the following amou a bank located in the		essed 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 Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING	ADDRESS:
New Filing Section		New Filing Section	
Division of Corporati	ions		Corporations
Clifton Building		P. O. Box 6327	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO: New Filing Section

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 102, 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 DELAWARE (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
NOVEMBER 28, 2007
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 102, 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 13th day of November	20 <u>/8</u>			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Printed Name: LOUIS J. BOYD	Title: SECRETARY	_		
Signature(s) on behalf of Other Business Entity:	<i>y</i>			
Signature: Printed Name: LOUIS J. BOYD	Title: SECRETARY	<u>-</u>		
Signature: Printed Name:	Title	_		
Signature:Printed Name:				
Signature:Printed Name:	Title:	<u>-</u>		
Signature:Printed Name:	Title:	-		
Signature:Printed Name:				
Printed Name:	Title:	_		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.			
If Florida General Partnership or Limited Liability Signature of one General Partner.		IA S		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	ECRETA:	18 DEC I	T
All others: Signature of an authorized person.			3 AMIO	ILED
Fees:	Q		1 6	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	V		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	i me: Limited Liability Company	is:	
GRANITE GROWT		bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
225 BANYAN BOU SUITE 130 NAPLES, FL 3 4102		225 BANYAN BOULEVARE SUITE 130 NAPLES, FL 34102	
(The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own Relactive Florida registration.) Florida street address of th	red Office, & Registered Ager gistered Agent. You must designate an in	nt's Signature: ndividual or another
The name and the			57
	GRANITE ASSOCIATES, INC. Name SEC. 5		
	Na	ine	
	225 BANYAN BOULEVARI	D. SUITE 130	388
	Florida street address (P	CO. Box NOT acceptable)	ਲੋੜ ਨੂ
	NAPLES	FL 34102	AH DO 16
	City	Zip	第一 5
liability comp registered agent statutes relatin	pany at the place designated and agree to act in this cap by to the proper and completely bligations of my position as	d to accept service of process for in this certificate. I hereby accordingly. I further agree to comply te performance of my duties, and registered agent as provided for ignature (REOUIRED).	ept the appointment as vith the provisions of all different and

(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" = 1	Manager	
AMBR		LOUIS J. BOYD
		GRANITE ASSOCIATES, INC., 225 BANYAN
		BLVD., SUITE 130, NAPLES, FL 34102
		
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(Ose attact	ment if necessary)	
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ADTICLE V. Oak	er provisions, if any.	me 🛌 📆
ANTICLE V. Our	et provisions, it any.	
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REQUIRE	ED SIGNATURE:	
This #ócu any false i	gnature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony
LOUIS J	. BOYD, SECRETARY	
	Ту	ped 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)