# 118000287480

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

Division of C	orporations				
SUBJECT: LOOMIS	INVESTMENT 10, LLC				
., obs.:.c.r.	(Name of Res	ulting Florida Limi	ted Con	mpany)	
		_		nd fees are submitted to convert an ecordance with s. 605.1045, F.S.	"Othe
Please return all corre	espondence concernin	g this matter to:			
LOUIS J. BOYD					
	(Contact Person)		-		
GRANITE ASSOCIATE	S. INC.				
	(Firm/Company)		-		
225 BANYAN BOULEV	VARD, SUITE 130				
	(Address)		_		
NAPLES, FL 34102					
((	City, State and Zip Code)	<del></del>	_		
dcolavito@granitelp.com	1				
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 ( <sup>239</sup>	) 228-6	6505	
(Name of Conta	et Person)	(Area Code	) (Day	ytime Telephone Number)	
	or the following amou a bank located in the		process	sed 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 and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:			ADDRESS:	
New Filing Section	ions		_	Section Corporations	
Division of Corporat Clifton Building	IOHS	P. O. I		=	
2661 Executive Cent	er Circle			FL 32314	

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: LOOMIS INVESTMENT 10, 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
(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 10, 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 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.

Signature of Authorized R Printed Name: <u>ADAM GERI</u>		
Printed Name: ADAM GERI	epresentative:	
	RY	Title: MANAGER
	,	[See below for required signature(s
Signature:		Title: MANAGER
Printed Name: ADAM-GERL	<u> </u>	Title: MANAGER
Signature:		
Printed Name:		Title:
Printed Name:		Title:
r rinted (vanie		
Signature:		
Printed Name:	<u> </u>	Title:
Signature:		
Printed Name:		Title:
Signature: Printed Name:		Title:
Timed Ivanic.		
If Florida Corporation:		
Signature of Chairman, Vic		
If Directors or Officers have	e not been selected, an ir	icorporator must sign.
<u> If Florida General Partne</u>	rship or Limited Liabil	ity Partnership:
Signature of one General Pa	irtner.	<del>-</del>
If Florida Limited Partne	rchin or Limited Liabili	ity I imited Doutmandin.
Signatures of <u>ALL</u> General	Partners.	ny Chinted Partnership;
<del></del>		
All others:		
Signature of an authorized p	person.	
Fees:		
Articles of Convers	sion:	\$25.00
	ticles of Organization:	\$125.00 \$125.00
Certified Copy:		\$30.00 (Optional)
Certificate of Statu		\ -   - · · · - · /

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
LOOMIS INVESTMENT 10, LLC	
(Must contain the words "Limited Liabilit	ty Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	
	rincipal 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
business entity with an active Florida registration.)  The name and the Florida street address of the r	
GRANITE ASSOCIATES, INC.	
Name	
225 BANYAN BOULEVARD, S	SUITE 130
Florida street address (P.O	. Box NOT acceptable)
NAPLES	[FL] 34102
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate. I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
CONTIN	UEDA

### 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	ADAM CEDDY
MGR	ADAM GERRY
	GRANITE ASSOCIATES, INC., 225 BANYAN BLVD., SUITE 130, NAPLES, FL 34102
	BLVD., SOTTE 130, NAPLES, PL 34102
<del></del>	<del></del>
<del></del>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
ALQUINED 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 the
any false information submitted in a docur as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felo
ADAM GERRY, MANAGER	
Ty	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)