# 118000287723

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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SECRETARY OF STATE

## **COVER LETTER**

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.

GRANITE GCPII, LLC  (Enter Name of Other Business Entity)	
(Einer Name of Other Business Entity)	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	
2. The "Other Business Entity" is a (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)	
JANUARY 7, 2005 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	on:
GRANITE GCPII, LLC	
(Enter Name of Florida Limited Liability Company)	
. 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 effective date.	
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after he date this document is filed by the Florida Department of State.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.	
The plan of conversion has been approved in accordance with all applicable statutes.	
The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	to
SECRETARY OF TALLAHASSER	

Signed this 13th day of November	20/8
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:  Printed Name: LOUIS J. BOYD	Title: SECRETARY
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Four Bay	
Printed Name: LOUIS J. BOYD //	Title: SECRETARY
Signature: Printed Name:	Title:
	· <del></del>
Signature: Printed Name:	Tial
rimed manie:	1 me:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an Inc.	
f Florida General Partnership or Limited Liabili ignature of one General Partner.	ty Partnership:
Florida Limited Partnership or Limited Liabili ignatures of <u>ALL</u> General Partners.	ty Limited Partnership:
Il others: gnature of an authorized person.	
<u>es:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
	(~ [

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite	d Liability Company	is:
GRANITE GCPII, LLC		
(Must con	tain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and		e principal office of the Limited Liability Company is:
Principal Office Addre	ess:	Mailing Address:
225 BANYAN BOULEVAL	RD	225 BANYAN BOULEVARD
SUITE 130		SUITE 130
NAPLES, FL 3 4102		NAPLES, FL 34102
The name and the Florid	ANITE ASSOCIATES, I	NC.
	Na	ame
225	BANYAN BOULEVAR	D. SUITE 130
	Florida street address (P.O. Box NOT acceptable)	
NAI	PLES	FL 34102
	City	Zip
liability company a registered agent and a statutes relating to th accept the obligati	it the place designated igree to act in this cap he proper and comple ons of my position as	d to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(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" = Manager	
AMBR	LOUIS J. BOYD
	GRANITE ASSOCIATES, INC., 225 BANYAN
	BLVD., SUITE 130, NAPLES, FL 34102
<u></u>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
- thin Hourt	
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 tha
any fálse information submitted in a docum	pent to the Dapartment of State constitutes a third dayrea follow
	nem to the Department of State constitutes a time degree lefor
as provided for in s.817.155, F.S.	near to the 19epartment of State constitutes a unit dilegree leion
as provided for in s.817.155, F.S.  LOUIS J. BOYD, SECRETARY	nent to the 19epartment of State constitutes a tillia degree leion

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)