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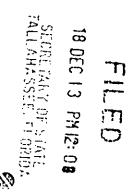
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T SCHROEDER

### **COVER LETTER**

<b>TO:</b> New Filing So Division of C				
SUBJECT: GRANIT	E MANAGEMENT ASSO	CIATES, LLC		
SOBSECT.		sulting Florida Limite	d Com	pany)
				d fees are submitted to convert an "Other ecordance 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	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	505
(Name of Conta	ct Person)		(Day	time Telephone Number)
	or the following amou a bank located in the	-	ocess	ed 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 Fand Certified Copy		S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILI	NG A	DDRESS:
New Filing Section		New Fil	ing S	ection
Division of Corporat	ions			orporations
Clifton Building		P. O. Bo	X 052	41

Tallahassee, FL 32314

2661 Executive Center Circle

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.

(Enter Na	ame of Other Business Entity)
2. The "Other Business Entity" is a LIM	MITED LIABILITY COMPANY
(Enter entity type. Example: con	rporation, 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)
DECEMBER 3, 1997	· · · · · · · · · · · · · · · · · · ·
on(date of organization, formation or incorpor	ration)
3. The name of the Florida Limited Lia GRANITE MANAGEMENT ASSOCIATES, I	bility Company as set forth in the attached Articles of Organization:
the date this document is filed by the Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as the State's records.
the date this document is filed by the Note: If the date inserted in this block does not document's effective date on the Department of	o date of receipt or filed date nor more than 90 calendar days after Florida Department of State.)  meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 13th day of November	_20/8
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Armanie LOUIS J. BOYD	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: 1814 1841 Printed Name: COUIS J. BOYD	Title: TREASURER
Signature: Printed Name:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	e: nited Liability Company	is:	
GRANITE MANAGEN	MENT ASSOCIATES, LLC		
		oility Company, "L.L.C.," or "LI.C.")	<del></del>
ARTICLE II - Add The mailing address		principal office of the Limited	I Liability Company is:
Principal Office Ad	ldress:	Mailing Address:	
225 BANYAN BOULE	VARD	225 BANYAN BOULEVARE	)
SUITE 130		SUITE 130	
NAPLES, FL 3 4102		NAPLES, FL 34102	
The name and the Fl	ive Florida registration.)  orida street address of th  GRANITE ASSOCIATES, IN  Na  225 BANYAN BOULEVARI	me	FIL 18 DEC 13 SEURETARY TALLAHASS
	Florida street address (P	.O. Box NOT acceptable)	ED BIR
1	NAPLES	FL_34102	
	City	Zip	
liability compar registered agent an statutes relating t	ny at the place designated nd agree to act in this cap to the proper and complet	I to accept service of process for in this certificate. I hereby accept the comply acity. I further agree to comply be performance of my duties, and registered agent as provided for a greature (REOUIRED).	ept the appointment as with the provisions of all d I am familiar with and in Chapter 605, F.S.,

(CONTINUED)

### ARTICLE IV-

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

"MGR" = Manager	
AMBR	LOUIS J. BOYD
	GRANITE ASSOCIATES, INC., 225 BANYAN
	BLVD., SUITE 130, NAPLES, FL 34102
	_
<del></del>	
(Use attachment if neargann)	
(Use attachment if necessary)	ASS 13
	čn 👈
CLE V: Other provisions, if any.	Copy of the copy o
out. V. One provisions, it any.	

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 any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LOUIS J. BOYD, TREASURER

Typed 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)