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

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COVER LETTER

| (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: New Filing Section And Certified Copy Certified Copy, and Certificate of Status MAILING ADDRESS: New Filing Section | TO: New Filing Section Division of Corporations | | |
|---|--|-------------------------|---|
| (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: LOUIS J. BOYD (Contact Person) GRANITE ASSOCIATES, INC. (Firm/Company) 225 BANYAN BOULEVARD, SUITE 130 (Address) NAPLES, FL 34102 (City, State and Zip Code) decolavito@granitelp.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: LOUIS J. BOYD (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S155 0.00 Filing Fees and Certificate of Status S155 for Conversion Status TS150.00 Filing Fees and Certificate of Status MAILING ADDRESS: New Filing Section | SURFECT. LIBERTY ALTERNATIVE HOLE | DINGS, LLC | |
| Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: LOUIS J. BOYD (Contact Person) GRANITE ASSOCIATES, INC. (Firm/Company) 225 BANYAN BOULEVARD, SUITE 130 (Address) NAPLES, FL 34102 (City. State and Zip Code) declavito@granitelp.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: LOUIS J. BOYD (Name of Contact Person) Granited Louis at (239) 228-6505 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees and Certificate of Status S125 for Conversion and Certificate of Status All LING ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section | (Name of Re | sulting Florida Limited | Company) |
| Contact Person) GRANTTE ASSOCIATES, INC. (Firm/Company) 225 BANYAN BOULEVARD, SUITE 130 (Address) NAPLES, FL 34102 (City, State and Zip Code) decolavito@granitelp.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: LOUIS J. BOYD (Name of Contact Person) at (239) 228-6505 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees and Certificate of Status S125 for Articles of Conversion and Certificate of Status STREET ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section | | | |
| (Contact Person) GRANITE ASSOCIATES, INC. (Firm/Company) 225 BANYAN BOULEVARD, SUITE 130 (Address) NAPLES, FL 34102 (City, State and Zip Code) deolavito@granitelp.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: LOUIS J. BOYD (Name of Contact Person) at (239) 228-6505 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S180.00 Filing Fees (252 for Conversion and Certificate of Status of Organization) STREET ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section | Please return all correspondence concerning | g this matter to: | |
| GRANITE ASSOCIATES, INC. (Firm/Company) 225 BANYAN BOULEVARD, SUITE 130 (Address) NAPLES, FL 34102 (City. State and Zip Code) decolavito@granitelp.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: LOUIS J. BOYD (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees (325 for Conversion and Certificate of Status STREET ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section | LOUIS J. BOYD | | |
| (Firm/Company) 225 BANYAN BOULEVARD, SUITE 130 (Address) NAPLES, FL 34102 (City. State and Zip Code) dcolavito@granitelp.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: LOUIS J. BOYD (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees (S25 for Conversion and Certificate of Status STREET ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section | (Contact Person) | | |
| City. State and Zip Code | GRANITE ASSOCIATES, INC. | | |
| (Address) NAPLES, FL 34102 (City, State and Zip Code) dcolavito@granitelp.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: LOUIS J. BOYD at (239) 228-6505 (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees (325 for Conversion and Certificate of Status of Organization) STREET ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section | (Firm/Company) | | |
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| dollars and drawn on a bank located in the United States) S150.00 Filing Fees (\$155.00 Filing Fees and Certificate of Status) S180.00 Filing Fees (\$185.00 Filing Fees and Certified Copy (Certified Copy, and Certificate of Status) STREET ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section | (Name of Contact Person) | (Area Code) | (Daytime Telephone Number) |
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| , · | Division of Corporations | | • |
| | Clifton Building 2661 Executive Center Circle | | |

Tallahassee, 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: LIBERTY ALTERNATIVE HOLDINGS, LLC - (2) (1) (1) (1) (2) |
|---|
| (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) |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| AUGUST 11, 2015 |
| AUGUST 11, 2015 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: LIBERTY ALTERNATIVE HOLDINGS, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. 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 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.

| •• | |
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| , | |
| Signed this 15th day of November | 20 <u>/8</u> |
| , , | |
| Signature of Authorized Representative of Lim | ited Liability Company: |
| | |
| Signature of Authorized Representative: Printed Name: ADAM GERRY | 0 |
| Printed Name: ADAM GERRY | Title: MANAGER |
| Signature(s) on behalf of Other Business Entity: | ISan balant for required signaturated |
| Signature(s) on behalf of Other Business Editive. | (See below for required signature(s)) |
| Signature: Printed Name: ADAM GERRY | |
| Printed Name: ADAM GERRY | Title: MANAGER |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| | |
| Signature: Printed Name: | Title: |
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| Signature: | |
| Printed Name: | Title: |
| av. | |
| Signature:Printed Name: | |
| Printed Name: | Little: |
| Signature: | |
| Signature: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. |
| <u>If Florida General Partnership or Limited Liabili</u> | to Double and in |
| Signature of one General Partner. | ty rartnership: |
| organicate of one openetary arriver. | |
| <u>lf Florida Limited Partnership or Limited Liabili</u> | ty Limited Partnership: |
| Signatures of ALL General Partners. | |
| | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |
| | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Con | npany is: |
| LIBERTY ALTERNATIVE HOLDINGS, LL | C |
| | ited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| | of the principal office of the Limited Liability Company is: |
| The maning address and street address | or the principal office of the Elimited Elability Company is: |
| Principal Office Address: | Mailing Address: |
| 225 BANYAN BOULEVARD | 225 BANYAN BOULEVARD |
| SUITE 130 | SUITE 130 |
| NAPLES, FL 3 4102 | NAPLES, FL 34102 |
| | |
| ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration. | egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another) |
| The name and the Florida street addres | s of the registered agent are: |
| | TES, INC. 音 |
| GRANITE ASSOCIA | TES, INC. 岩色 |
| | Name 251 CD |

| GRANITE ASSOCIATES. | INC. | 20 | 2016 |
|------------------------|--------------------------|---------|-------------------|
| 1 | lame | 35° | |
| 225 BANYAN BOULEVA | RD, SUITE 130 | | $\overline{\sim}$ |
| Florida street address | P.O. Box NOT acceptable) | . 1 | PE |
| NAPLES | F1_34102 | | $\dot{\omega}$ |
| City | Zip | - | 9 |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED) LOUIS J. BOYD, SECY

(CONTINUED)

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|---|----|-----|---|----------|
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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 | 15.11.6 |
| MGR | ADAM GERRY |
| | GRANITE ASSOCIATES, INC., 225 BANYAN |
| | BLVD., SUITE 130, NAPLES, FL 34102 |
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| (Use attachment if necessary) | |
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| T.F.W. Odenson in 16 | |
| LE V: Other provisions, if any. | |
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| | |
| DECHIDED CLONATUDE. | |
| REQUIRED SIGNATURE: | |
| | |
| | |
| Signature of a member or a | an authorized representative of a member |
| any false information submitted in a docum | with section 605.0203 (1) (b). Florida Statutes, I am aware then to the Department of State constitutes a third degree fel |
| as provided for in s.817.155, F.S. | same is eparament of state constitutes a titled degree let |
| | |
| ADAM GERRY, MANAGER | |

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)