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

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SECRETARY OF STATE

#### **COVER LETTER**

TO:	New Filing Se Division of C					
. emb	ECT: GRANITI	E OHCPII, LLC				
SUBJ	ECT:	(Name of Res	ulting Florida Lim	ted Con	npany)	
			•		d fees are submitted to convert an "O coordance with s. 605.1045, F.S.	the
Please	return all corre	espondence concernin	g this matter to:			
LOUI	S J. BOYD					
		(Contact Person)		-		
GRAN	TITE ASSOCIATE	S, INC.				
		(Firm/Company)		_		
225 B.	ANYAN BOULEV	ARD, SUITE 130				
		(Address)		-		
NAPL	ES, FL 34102					
	((	City, State and Zip Code)		-		
deolay	ito@granitelp.com	ı				
E-n	nail Address: (to b	e used for future annual re	port notifications)	_		
For fu	rther information	on concerning this ma	tter, please call:			
LOUI	S J. BOYD		_at (	228-6		
	(Name of Conta	ct Person)	(Area Code	) (Day	rtime Telephone Number)	
		or the following amou a bank located in the	•	orocess	sed by this office must be payable in 1	US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		■\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
New I Divisi Clifto 2661	EET ADDRESS Filing Section on of Corporati n Building Executive Center nassee, FL 3236	ions er Circle	New F Divisio P. O. I	iling Son of C Box 632	Corporations	

## **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 Article GRANITE OHCPH, LLC	es of Conversion is:
(Enter Name of Other Business Entity)	•
2. The "Other Business Entity" is aLIMITED LIABILITY COMPANY	
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	on law or business trust, etc.)
First organized, formed or incorporated under the laws of	<del></del>
(Enter state, or it a non-U.S. entity, the	name of the country)
DECEMBER 1, 2004 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article	cles of Organization:
GRANITE OHCPII, 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 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 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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	TALL AHASSEE, FL

Signed this 13th day of November	20/\frac{\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:  Printed Name: LOUIS J. BOYD	/ / / /
Signature of Authorized Representative: /bu	4 1964/1
Printed Name: LOUIS J. BOYD	Title: SECIRETARY
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Kus / Koyl Printed Name: LOUIS J. BOYD	
Printed Name LOUIS J. BOYD	Title: SECRETARY
/	Title, addition
Signature:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title
Timed Name.	
Signature:	
Printed Name:	Title:
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-	
	exportion must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
organiare of all 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 Company is	S:
GRANITE OHCPH, LLC	
(Must contain the words "Limited Liabil	lity Company, "1L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal 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
The name and the Florida street address of the GRANITE ASSOCIATES, INC	
GRANITE ASSOCIATES, INC. Nam	<del></del>
225 BANYAN BOULEVARD,	
Florida street address (P.C	O. Box <u>NOT</u> acceptable)
NAPLES	FL 34102
City	Zip
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in 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 egistered agent as provided for in Chapter 605, F.S
CONTIN	NHEDY

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	LOUIS J. BOYD
	GRANITE ASSOCIATES, INC., 225 BANYAN
	BLVD., SUITE 130, NAPLES, FL 34102
<del></del>	
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
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LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Tous A Mayl	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	e with section 605.0203 (1) (b). Florida Statutes, Lam aware t
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware tument to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document of the provided for in s.817.155. F.S.	e with section 605.0203 (1) (b). Florida Statutes, Lam aware t
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document of the provided for in s.817.155. F.S.  LOUIS J. BOYD, SECRETARY	e with section 605.0203 (1) (b), Florida Statutes, I am aware tument to the Department of State constitutes a third degree fel
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