# 118000287790

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





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SECKETARY OF STATE
TALL ARASSITE. FLORIDA

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### **COVER LETTER**

Tallahassee, FL 32301

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# 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 21, 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)
SEPTEMBER 27, 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 21, 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.



Signed this 15th day of November	20_/8		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative of Limi Signature of Authorized Representative: Printed Name: ADAM GERRY	Title: MANAGER	-	
Signature(s) on behalf of Other Business Entity: [			
Signature: Printed Name: ADAM GERRY	_ Title: MANAGER	- -	
Signature:Printed Name:			
Signature:Printed Name:			
Signature:Printed Name:			
Signature:Printed Name:	Title:	-	
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	18 SEG TALL	
All others: Signature of an authorized person.		OEC 13	7
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)	PHI2: 31	Ü

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited	Liability Company, "L.L.C.," or "L.LC.")	
ARTICLE II - Address:		
The mailing address and street address of	the 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	
GRANITE ASSOCIATE:	S. INC. Name	<b>18</b> ՏՀՆ ԴԳԼ լ
225 BANYAN BOULEV	ARD, SUITE 130	
Florida street addres.	s (P.O. Box NOT acceptable)	C 13
NAPLES	FL 34102	T = 7
City	Zip	
Having been named as registered agent liability company at the place designa registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	ated in this certificate, I hereby accept capacity. I further agree to comply aplete performance of my duties, and	the above ated limited in the appointment as with the provisions of all I am familiar with and

(CONTINUED)

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

TES, INC., 225 BANAPLES. FL 3410			
NAPLES. FL 3410	2		
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		TALL AMASSEE, FLORIDA	NATION STATE ORIDA

## **REQUIRED 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 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.

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)