# 118000387792

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

Office Use Only



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SECRETARY OF STATE ALL ANASSET. FLORIDA

T SCHROEDER

## **COVER LETTER**

Division of Co	orporations		
SUBJECT: LOOMIS	INVESTMENT 19, LLC		
SUBJECT:	(Name of Res	ulting Florida Limited C	Company)
The enclosed Articles Business Entity" into	of Conversion, Artic a "Florida Limited Li	les of Organization, ability Company" ir	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
LOUIS J. BOYD			
	(Contact Person)	<del>.</del>	
GRANITE ASSOCIATE	S. INC.		
	(Firm/Company)		
225 BANYAN BOULEV	ARD, SUITE 130		
	(Address)		
NAPLES, FL 34102			
((	City, State and Zip Code)		
dcolavito@granitelp.com			
E-mail Address: (to be	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
LOUIS J. BOYD		_at ()_22	28-6505
(Name of Conta	ct Person)	(Area Code) (I	Daytime Telephone Number)
	or the following amou a bank located in the		cessed 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 Fee and Certified Copy	es \$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS	S:		G ADDRESS:
New Filing Section Division of Corporati	ions	New Filing Division o	g Section of Corporations
Clifton Building	INCLES.	P. O. Box	•
2661 Executive Center	er Circle	Tallahasse	ee, FL 32314

Tallahassee, FL 32301

New Filing Section

• TO:

## **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" immediate LOOMIS INVESTMENT 19, LLC	ly prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busin	ess Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY	
(Enter entity type. Example: corporation, limited p	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)
SEPTEMBER 27, 2016 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:
LOOMIS INVESTMENT 19, LLC	
(Enter Name of Florida Limited Liab	ility Company)
4. If not effective on the date of filing, enter the effective (The effective date: Cannot be prior to date of receipt the date this document is filed by the Florida Depar Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ot or filed date nor more than 90 calendar days after tment of State.)
5. The plan of conversion has been approved in accorda	ance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed t which such members are entitled under ss. 605.1006 at	o pay any members having appraisal rights the amount to and 605.1061-605.1072. F.S.  ALLAHASSECTION OF THE PROPERTY OF THE PRO

Signed this 15th day of November	20 <u> / §</u>		
Signature of Authorized Representative of Limit	ited Liability Company:		
Signature of Authorized Representative: Printed Name: ADAM GERRY	Title: MANAGER	_	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature:Printed Name: ADAM GERRY	Title: MANAGER	<b>–</b>	
Signature:Printed Name:	Title:	<u> </u>	
Signature:Printed Name:	Title:	<u>-</u> -	
Signature:Printed Name:	Title:	_ _	
Signature:Printed Name:	Title:	_ _	
Signature:Printed Name:	Title:	<del>-</del>	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.		SECKE FALL AH	18 DEC 13
Fees:		ASSEE ASSEE	_
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	OFLORIDA Seconda	14:Z1H4

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Li	imited Liability Company	ris:		
LOOMIS INVESTME		bility Company, "L.L.C.," or "LL.C.,")		
(MIC	ist contain the words. Trimited Fra	tourty Company, "L.L.C., or "LLC.)		
ARTICLE II - Ad				
The mailing address	ss and street address of the	e principal office of the Limited	Liability Cor	npany is:
Principal Office A	Address:	Mailing Address:		
225 BANYAN BOUL	.EVARD	225 BANYAN BOULEVARD	•	
SUITE 130		SUITE 130		
NAPLES, FL 3 4102	<u> </u>	NAPLES, FL 34102		
business entity with an	active Florida registration.) Florida street address of the	NC.	SECRETARY	FIL.
	IN:	ame		PH IS: FI
	225 BANYAN BOULEVAR			2.5
	Florida street address (I	P.O. Box NOT acceptable)	٠.٠٠	
	NAPLES	FL 34102	10	
	City	Zip		
liability comp registered agent statutes relating	any at the place designated and agree to act in this cap g to the proper and comple ligations of my position as	ed to accept service of process for d in this certificate. I hereby accept pacity. I further agree to comply wete performance of my duties, and registered agent as provided for a figurature (REQUIRED) LOUIS	ot the appoin with the prov I am familian in Chapter 60	tment as isions of al r with and 05, F.S

(CONTINUED)

## ARTICLE IV-

ADAM GERRY, MANAGER

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 MGR	ADAM CERRY		
MCR	GRANITE ASSOCIATES, INC., 225 BANYAN		
	BLVD., SUITE 130, NAPLES, FL 34102		
<del>-</del>			
<del></del>			
(Has attachment if navaganni)	••••1		
(Use attachment if necessary)	AL		
	DEC CXCII AHV		
CLE V: Other provisions, if any.	### <u>CO</u>		
ossis v. omer provisions, ir any.	୍ର କ୍ରେମ୍ବର କ୍ରମ୍ବର କ		
<u>REQUIRED</u> SĮGNATURE:			
The state of the s			

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)