L18000787

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



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SECRETARY OF STATE
ASSET FLORIDA

Jul. 3 18

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COVER LETTER

Division of C	огрогаtions					
SUBJECT: LOOMIS	VALUE INVESTMENT	FUND, LLC				
SUBJECT.		sulting Florida Lim	ted Con	npany)		
				ed 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	/ARD, SUITE 130					
	(Address)		_			
NAPLES, FL 34102						
((City, State and Zip Code)		-			
dcolavito@granitelp.com	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 (²³⁹) ²²⁸⁻⁶	5505		
(Name of Conta	ct Person)) (Day	time Telephone Number)		
	or the following amou a bank located in the		orocess	sed 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 and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS	S:			ADDRESS:		
New Filing Section Division of Corporati	one	New F	_			
Clifton Building	OHS	P. O. E		Corporations 27		
			-	ssee, FL 32314		

Tallahassee, FL 32301

TO: New Filing Section

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 Name of Other Business Entity)
2. The "Other Bu	isiness Entity" is a
(Enter	entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, for	ormed or incorporated under the laws of
_	(Enter state, or if a non-U.S. entity, the name of the country)
AUGUST 5, 201	5
· · · · — — — — — — — — — — — — — — — —	tion, formation or incorporation)
3. The name of the	ne Florida Limited Liability Company as set forth in the attached Articles of Organization:
LOOMIS VALUE I	NVESTMENT FUND, LLC
	(Enter Name of Florida Limited Liability Company)
4. If not effective	on the date of filing, enter the effective date:
() ne enective da	te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ument is filed by the Florida Department of State.)
Note: If the date inse	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
5. The plan of so	nversion has been approved in accordance with all applicable statutes.
5. The plan of col	
6. The "Converted	or Other Business Entity" has agreed to pay any members having appraisal rights the amount to mbers are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 15th day of November	20	
Signature of Authorized Representative of Lim	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		
Printed Name: ADAM GERRY	Title: MANAGER	-
Signature: Printed Name:	Title:	<u>.</u>
Signature: Printed Name:	Title:	-
Signature: Printed Name:	Title	-
Signature: Printed Name:	Title	<u>-</u>
Signature: Printed Name:	Tid	•
Timed Name.	Title:	
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 ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		:74
Fees:		SECAE ALL AE
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	MASSEEL FLO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame:					
The name of the	Limited Liability	Company is:				
LOOMIS VALUE I	INVESTMENT FUNI	O, LLC				
(3	Must contain the words	"Limited Liability	Company, "L.L.C.," or "LLC.	")		
ARTICLE II - A	Address:					
		ress of the pri	ncipal office of the Lin	nited Liability C	ompany	is:
Dwin ain al Office			30 11 A 1 I			
<u>Principal Office</u>	Address:		Mailing Address:			
225 BANYAN BOU	JLEVARD		225 BANYAN BOULEV	ARD		
SUITE 130			SUITE 130		-	
NAPLES, FL 3 410	2		NAPLES, FL 34102		<u>.</u>	
business entity with a	in active Florida registra	tion.) dress of the re	red Agent. You must designate	- -		
		Name			- -	
	225 BANYAN BO	DULEVARD, SU	JITE 130	<u> </u>	DEC 12	T
	Florida street	address (P.O.	Box <u>NOT</u> acceptable)			
	NAPLES		FL 34102	1, 15) in (/		ED
	(City	Zip		2:	
liability con registered agen statutes relati	npany at the place of and agree to act ing to the proper and obligations of my p	designated in this capacity and complete position as regi	•	accept the appo mply with the pr , and I am famil	ointment ovisions liar with 6 605, F.S	as of all and
		(South the	******			

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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 MGR	ADAM CUBBU
NOR	ADAM GERRY GRANITE ASSOCIATES, INC., 225 BANYAN
	BLVD., SUITE 130, NAPLES, FL 34102
	BEVD., SOTTE 130, NAT LES, PL 34102
	
	ACI.
(Use attachment if necessary)	
	(2년
CLE V: Other provisions, if any,	مين ديما - ج
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	<u> </u>
DECHIDED CICNATUDE.	\$D
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, Lam aware that
any false information submitted in a docur as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felony
ADAM GERRY, MANAGER	
$T\mathbf{y}_{i}$	ped 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)