# 11800000181844

(Re	questor's Name)	
(Ad	dress)	
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(Ćit	y/State/Zip/Phone #	<i>f</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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SECREIARY OF STATE
ALLAHASSEE, FLORIDA

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### **COVER LETTER**

* TO: New Filing Section Division of Corporations			
SHRIECT. SULLIVAN ALTERNATIVE HOLDINGS, LLC			
SUBJECT: SULLIVAN ALTERNATIVE HOLDINGS, LLC (Name of Resulting Florida Limite	ed Company)		
The enclosed Articles of Conversion, Articles of Organization Business Entity" into a "Florida Limited Liability Company"			
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)			
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		
	(Daytime Telephone Number)		
Enclosed is a check for the following amount: (All checks predollars and drawn on a bank located in the United States)	rocessed by this office must be payable in US		
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  S150.00 Filing Fees and Certificate of Status	<u> </u>		
STREET ADDRESS: MAILI	NG ADDRESS:		
	ling Section		
	Division of Corporations		
	P. O. Box 6327 Tallaharana El 32314		
New Filing SectionNew FilDivision of CorporationsDivisionClifton BuildingP. O. Bo	ling Section n of Corporations		

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:  SULLIVAN ALTERNATIVE HOLDINGS, LLC  OTT = 7372
(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)
DECEMBER 3, 2015
DECEMBER 3, 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: SULLIVAN 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.



Signed this 15th day of November	20/8
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: ADAM GERRY	Tifle: MANAGER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: ADAM GERRY	Tisto, MANAGER
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
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-	corporator must sign.
If Florida General Partnership or Limited Liabili	tre Danet angleine
Signature of one General Partner.	W farthership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
Il others: ignature of an authorized person.	
<u>res:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

FILED

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SELNGGARY OF STATE
ALL VHASSEE FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SULLIVAN ALTERNATIVE HOLDINGS, LLA (Must contain the words "Limited	d Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limit	ed Liability Company is:	
Principal Office Address:	Mailing Address:		
225 BANYAN BOULEVARD	225 BANYAN BOULEVAR	RD.	
SUITE 130	SUITE 130		
NAPLES, FL 3 4102	NAPLES, FL 34102	· · · · · · · · · · · · · · · · · · ·	
business entity with an active Florida registration.)  The name and the Florida street address of	of the registered agent are:	<b>18</b>   SEU FALL	
GRANITE ASSOCIATE	S, INC.	ARC PRO	
	Name		
225 BANYAN BOULEVARD, SUITE 130			
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	ED PH 2: 20 OF STATE	
NAPLES	FL 34102	20 20 20	
City	Zip	<b>10</b> >	
	cated in this certificate, I hereby acceptacity. I further agree to compaplete performance of my duties, and as registered agent as provided f	ecept the appointment as ely with the provisions of alo and I am familiar with and	

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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 GERRY				
	GRANITE ASSOCIATES, INC., 225 BANYAN				
	BLVD., SUITE 130, NAPLES, FL 34102				
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(Use attachment if necessary)	<del>,(</del>				
ose attachment if necessary)	ուն - <b>16</b>				
	DEC LAHEI LAHEI				
LE V: Other provisions, if any,					
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REQUIRED SIGNATURE:	20 20 20 20 20 20 20 20 20 20 20 20 20 2				
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This document is executed in accorda	or an authorized representative ance with section 605.0203 (1) (b), Florid				
ince with section 60	05.0203 (1) (b), Florida Statutes. I am aware that partment of State constitutes a third degree felor				

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)