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TAMNEY PARTNERSHIP, LTD

TYPE OF FILING: CONVERSION

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RETURN:

PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

File First

Articles of Conversion

For

"Other Business Entity"

Into

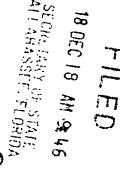
Florida Limited Liability Company

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: TAMNEY PARTNERSHIP, LTD. 100-536
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED PARTNERSHIP
(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)
MARCH 23, 2000 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: TAMNEY PARTNERSHIP, LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: JANUARY 1, 2019
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.
5. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to



Signed this day ofDECEMBER	20_18
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative of Lim Signature of Authorized Representative: Printed Name: CATHERINE R. CORNDER	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: TamneyProp.Mgt.,Inc.,byCatherineRCordn	cr Title: Sole General Partner by its President
Signature:	
Printed Name:	Title:
0'	
Signature: Printed Name:	Title:
Timod Hamo,	Title.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	TP!A
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
f Directors or Officers have not been selected, an Inc	corporator must sign.
Florida General Partnership or Limited Liabilignature of one General Partner.	ty Partnership:
g	
Florida Limited Partnership or Limited Liability gnatures of ALL General Partners.	ty Limited Partnership:
others: nature of an authorized person.	
<u>\$:</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)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:				
The name of the L	Limited Liability Company	is:			
TAMNEY PARTN					
(M	lust contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")			
ARTICLE II - A The mailing addre		principal office of the Limite	ed Liability Co	ompai	ny is:
Principal Office		Mailing Address:	•	•	•
840 Weber Street		840 Weber Street			
Orlando, Florida 32	803	Orlando, Florida 32803			
The name and the	Florida street address of th Catherine R. Cordner Na 840 Weber Street	e registered agent are: me	SECRETARY OF FALL AHASSEE, F	18 DEC 18 414	FILED
	Florida street address (P	.O. Box NOT acceptable)	STAT	18.5	O
	Orlando	FL 32803	~ >⊃	91	
	City	Zip	<i>(2</i>)		
liability comp registered agent statutes relatin	pany at the place designated and agree to act in this cap g to the proper and complet pligations of my position as	I to accept service of process for in this certificate, I hereby accept. I further agree to complete performance of my duties, and registered agent as provided for ignature (REQUIRED)	cept the appoi ly with the pro nd I am familia	ntmen vision ar wit	it as is of all h and

(CONTINUED)

ARTICLE IV-

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	CATHERINE R. CORDNER	
	840 Weber Street	
	Orlando, Florida 32803	
		
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ted liability company shall be a manager-mana	ager company.	
REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member	
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of the second accordance of the s	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am award	
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document is a document in a	an authorized representative of a member	
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of the second accordance of the s	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am award	
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document is a document in a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware nent to the Department of State constitutes a third degree in	
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S. By: CATHERINE R. CORDNER, Manager-manager	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware nent to the Department of State constitutes a third degree in	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)