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PICK-UP	☐ WAIT	MAIL
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/19/18

NAME: CAROLSTAN PROPERTIES, LTD., LLLP

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

A00000001049

Articles of Conversion

For

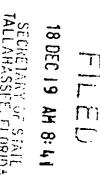
"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: CAROLSTAN PROPERTIES, LTD., LLLP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is aLIMITED LIABILITY 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
JUNE 26, 2000 (Enter state, or if a non-U.S. entity, the name of the country) 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: CAROLSTAN PROPERTIES, 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 printed at the file of the
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 locument's effective date on the Department of State's records.
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 17th day of DECEMBER	20 18	٠	
Signature of Authorized Representative of Lin			
Signature of Authorized Representative: Printed Name: Ivan M. Leftowitz	5 M CK 111		
Signature(s) on behalf of Other Business Entity:	[See below for required	1	
Signature:	THE LANDSCORE PROPERTY OF THE PARTY OF THE P		
Printed Name: Carolstan, Inc., by Mellasa Palladino	Title: Sole General Parti	nor by its Preside	nl
Signature:			
Signature:Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
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Signature:Printed Name:	Title:		
If Florida Corporation:	0.55		
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir			
If Directors of Officers have not been selected, at it	corporator timst stgn.		
If Florida General Partnership or Limited Liabil	ity Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabil	itu I imitad Dautuaushi	l	
Signatures of ALL General Partners.	ny Emined Partiterson	<u>n:</u>	
All others:	- ,		
Signature of an authorized person.		7	
P.		18 (SEC	
Fees:		DEC AHA	T
Articles of Conversion:	\$25.00	3888 3.888 6.1	_
Fees for Florida Articles of Organization:	\$125.00		Ш
Certified Copy:	\$30.00 (Optional)	75° 60	
Certificate of Status:	\$5.00 (Optional)	52	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	:
CAROLSTAN PROPERTIES, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o Thomas C. Shaw, Esq.	P.O. Box 19585
2200 Lucien Way, Suite 405	Asheville, North Carolina 28815-1585
Maitland, Florida 32751	
The name and the Florida street address of the re Thomas C. Shaw, Esq.	
Name	
2200 Lucien Way, Suite 405	
Florida street address (P.O.	Box NOT acceptable)
Maitland	FL 32751
City	Zip
registered agent and agree to act in this capacit statutes relating to the proper and complete pe	Hure (REQUIRED)

A	R	ויד	[C]	Æ	ľν	7_

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR — Manager	IVAN M. LEFKOWITZ
	P.O. Box 19585
	Asheville, North Carolina 28815-1585
	Ashevine, Ivolui Catonna 28813-1383
MGR	JAMES J. DONOVAN
	12412 Powerscourt Drive, Ste. 35
	St. Louis, MO 63131
·	
(Use attachment if necessary)	
ted liability company shall be a manager-	
REQUIRED SIGNATURE:	(()
Da la	heller S
Signature of a member	or an authorized representative of a member
This document is executed in accorda	ance with section 605.0203 (1) (b), Florida Statutes. I am aware that occurrent to the Department of State constitutes a third degree felony
as provided for in \$.517.100, P.S.	
·	•
lvan M. Lefkowitz, as Manager	·
·	Typed or printed name of signee
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