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

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SEGRETAN FOR STREET

W19-6294

COVER LETTER

TO:	New Filing Se Division of C						
SUB.	JECT: LEACRO	SS PROPERTY LLC					
		(Name of Re	sulting	g Florida Limite	d Cor	mpany)	_
						nd fees are submitted to accordance with s. 605.	
Pleas	e return all corre	espondence concernin	g thi	s matter to:			
Donna	a M. Bregenzer						
		(Contact Person)					
Expre	ss L C L Services						
		(Firm/Company)	•				
129 W	V. Hibiscus Blvd., S	Suite T					
		(Address)	-	,			
Melbo	ourne FL 32901						
	((City, State and Zip Code)					
dbreg	enzer@gmail.com						TAL SE
E-1	mail Address: (to b	e used for future annual re	port r	notifications)			至至
For fi	arther information	on concerning this ma	tter.	please call:			22
Renee	McCrary		at	(321	729-0	6399	19 JAN 22 AH 10: 58 SECRUTARE EXTENSION TALLANIASSEE STATEMENT
		(Area Code)	(Day	ytime Telephone Number)	_ <u> </u>		
Enclo dollar	osed is a check for s and drawn on	or the following amou a bank located in the	ınt: (Unit	All checks pred States)	oces	sed by this office must	be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status		\$180.00 Filing I I Certified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
New Divis Clifto	EET ADDRESS Filing Section ion of Corporati on Building Executive Center	ons		New Fil Division P. O. Bo	ing S n of C ox 63	Corporations	

allahassee, FL 32301

M08600003830

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.

	- '
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, comm	
First organized, formed or incorporated under the laws of New Jersey (Enter state, or if a non-U.S. entity, the	
(Enter state, or if a non-U.S, entity, the	e name of the country)
on JULY 29, 2008 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art LEACROSS PROPERTY LLC	ticles of Organization:
(Enter Name of Florida Limited Liability Company)	- ∙
The effective date: Cannot be prior to date of receipt or filed date nor more than the date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date cument's effective date on the Department of State's records.	•
The effective date: Cannot be prior to date of receipt or filed date nor more than the date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	ite will not be listed as the

Signed this <u>27</u> day of <u>December</u>	20_18	
Signature of Authorized Representative	• •	
Signature of Authorized Representative: Printed Name:	Worse M. Brugn 2/18 Title: AMBR	
Signature(s) on behalf of Other Business F	Entity: [See below for required signature(s)]	
Signature: Money M. Breegen	Title: MGR	
Printed Name: Donna M. Bregenzer	Title: MGR	
Signature:		
Printed Name:	Title:	
Printed Name:	Title:	
Signature:	Title:	
Frinted Name.	1 itie:	
Signature:		
Printed Name:	Title:	
Signature		
Printed Name:	Title:	
ignature of Chairman, Vice Chairman, Dire Directors or Officers have not been selected. Florida General Partnership or Limited nature of one General Partner. lorida Limited Partnership or Limited atures of ALL General Partners. thers:	d, an Incorporator must sign. Liability Partnership:	SECKI
ture of an authorized person.		30
		SSE
		ांगं द्

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim		Company is:					
LEACROSS PROPERT	Y LLC						
		"Limited Liability	Company, "L.L.C.," or "L	LC.")			
ARTICLE II - Add The mailing address		ress of the pri	ncipal office of the I	Limited Lia	bility C	ompa	ny is:
Principal Office Ad	dress:		Mailing Address:				
1103 W. Hibiscus Blvd.	. #403		1103 W. Hibiscus Blv	d., #403			
Melbourne FL 32901			Melbourne FL 32901				
(The Limited Liability Conbusiness entity with an act The name and the Fl	ive Florida registra	dress of the re	-	nuc ur norvo	uu o uno		
	Johna Wi. Dieger	Name		,-			
i	I 103 W. Hibiscus	s Blvd #403					
<u>-</u>			Box <u>NOT</u> acceptable	le)			
<u>.</u>	Melbourne		FL 32901				
		City	Zip				
liability compai registered agent ar statutes relating i	ny at the place nd agree to act to the proper a gations of my p	designated in this capacity and complete personal regions in the constitution as regions.	accept service of prothis certificate, I here y. I further agree to erformance of my dui stered agent as provi	by accept the comply with ties, and I an	he appo h the pro m famili	intmei ovisioi ar wit	nt as ns of all th and F.S.
	Registered	(CONTINU			ART OF SIA!	22 AM 10: 56	

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А	к		t . i	. I .	IV-

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

"MGR" = Manager AMBR	1923 Hwy A1A, Unit B1
AND CONTRACTOR OF THE PROPERTY	Indian Harbour Beach FL 32937
	Donna M. Breganeer
	
(Use attachment if necessary)	TALI
LE V: Other provisions, if any.	ASSS
· · · · · · · · · · · · · · · · · · ·	
	- 93
REQUIRED SIGNATURE:	
Moren M. /s	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awarment to the Department of State constitutes a third degree
Donna M. Bregenzer	
	ped or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)