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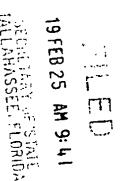
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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02/25/19--01022--014 **150.00



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EAR 5 2019



120 East Palmetto Park Road • Suite 400 Boca Raton, Florida 33432 • Tel 561.347.1700 • Fax 561.391.9944 www.redgraveandrosenthal.com

Kelly Y. Forrest, Esq. kforrest@redgraveandrosenthal.com Direct Dial 561,226,4278

February 20, 2019

VIA UPS PRIORITY MAIL

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Sabal Design Co.

Dear Sir or Madam:

Enclosed please find the following:

- 1. Check in the amount of \$150.00 payable to the "Florida Department of State";
- 2. Cover Letter:
- 3. Articles of Conversion for "Other Business Entity" Into Florida Limited Liability Company; and
- 4. Articles of Organization.

Please file the enclosed documents with the Florida Department of State and return confirmation of filing to Benjamin Carey at the address indicated on the attached Cover Letter.

If you have any questions, please do not hesitate to contact me.

Very truly yours.

Telly y Mrs

Kelly Y. Forrest

Enclosures

ce: Benjamin P. Carey

Molli Carey

Matthew H. Forrest

COVER LETTER

Division of C			
SUBJECT: Sabal De	sign LLC		
	(Name of Res	sulting Florida Limited	Company)
		_	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Benjamin Carey			
•	(Contact Person)		
	(Firm/Company)		
8458 Theresa Road			
	(Address)		
Boynton Beach, FL 3347	72		
(0	City, State and Zip Code)		
office@sabaldesign.com			•
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Molli Carey		_at (561) ⁴	14-1769
(Name of Conta	ict Person)	(Area Code) (Daytime Telephone Number)
	or the following amou a bank located in the	-	cessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fed and Certified Copy	Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILIN	G ADDRESS:
New Filing Section		New Filin	U
Division of Corporat	ions		of Corporations
Clifton Building 2661 Executive Cent	er Circle	P. O. Box	6327 ee, FL 32314
COURT ENGINEERING COM	C. CIICIO	i unanam	الليمان به ويدد

Tallahassee, FL 32301

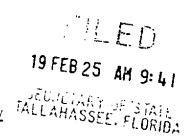
Articles of Conversion

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: Sabal Design Co.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(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)
on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Sabal Design 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 18 day of February	20 <u>19</u>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	
Printed Name: Benjamin Carey	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
-	
Signature: Printed Name: Benjamin Carey	Tr's December 2
Printed Name: Benjamin Carey	Title: President
Signature:	
Signature:Printed Name:	Title:
Signature:	The state of the s
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Ir	icorporator must sign.
If Florida General Partnership or Limited Liabil	ity Partnership:
Signature of one General Partner.	<u> </u>
If Florida Limited Partnership or Limited Liabili	ity Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
·	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sabal Design LLC (Must contain the words "Limited L	iability Company, "L.L.C" or "LLC.")	
	44		
ARTICLE II - A The mailing addr		he principal office of the Limite	d Liability Company is:
Principal Office	Address:	Mailing Address:	
420 6th St		420 6th St	
West Palm Beach, F	FL 33401	West Palm Beach, FL 33401	
	Benjamin Carey	Vame	FEB 25 AM
	420 6th St	<u> </u>	77 5 0
	Florida street address ((P.O. Box <u>NOT</u> acceptable)	9: 41 FLORID
	West Palm Beach	FL 33401	Σ. Φι
	City	Zip	
liability con registered agen statutes relati	npany at the place designate at and agree to act in this co ing to the proper and compl	and to accept service of process for ed in this certificate, I hereby acc apacity. I further agree to compl lete performance of my duties, ar as registered agent as provided for	cept the appointment as y with the provisions of a ad I am familiar with 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	Danismin D. Corav	
MGR	Benjamin P. Carey 8458 Theresa Road	-
	· 	_
	Boynton Beach, FL 33472	_
MGR	Matthew H. Forrest	
	702 Golf Ct.	_
	Delray Beach, FL 33472	_
MGR	Molli Carey	
	8458 Theresa Road	_
	Boynton Beach, FL 33472	_
	- PL	- 19
	——————————————————————————————————————	- M
		_ 8
		25
(Use attachment if necessary)	m-<	~
		¥
	ازی شم احد	4 :6
CLE V: Other provisions, if any.	22	-
<u>REQUIRED SIGNATURE:</u>		
////		_
Signature of a member or	an authorized representative of a member	
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware	that
any false information submitted in a docu as provided for in s.817.155, F.S.	iment to the Department of State constitutes a third degree fe	lony
Benjamin P. Carey		
	yped 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)