# 45000019

| (Ře                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | idress)            |           |
| (Ad                     | ldress)            | ·,,       |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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Office Use Only



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FILEU 2019 MAR -1 AM 8: 56 SECRETARY OF STATE



729 S.W. Federal Highway, Suite 102
Stuart, Florida 34994
(772) 600-5115
jmcglynn@southfllawfirm.com
www.southfllawfirm.com

February 27, 2019

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Florida 32314

Re: Albany Downtown Inc. - Document # P19000015479
Articles of Conversion and Articles of Organization

Dear Corporate Representative:

Attached please find Articles of Conversion and Articles of Organization for Albany Downtown, Inc. along with the appropriate fees, for your processing. If you have any questions or need additional information, please let me know.

Sincerely yours,

John J. Wieglynn III

## **COVER LETTER**

| TO: New Filing So<br>Division of C   |   |   |  |
|--|---|---|--|
| SUBJECT: Albany D  | owntown, LLC  |   |  |
| SOBJECT:   | (Name of Res  | ulting Florida Limited Con                  | прапу)   |
|  |   |   | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all corre  | espondence concerning                                 | g this matter to:                           |  |
| Alicia Cruz  |   |   |  |
|  | (Contact Person)                                      |   |  |
| Law Offices of Joh   | in J. McGlynn III, PL                                 | LC  |  |
|  | (Firm/Company)  |   |  |
| 729 SW Federal H   | wy. Suite 102   |   |  |
|  | (Address)   | <del></del>                                 |  |
| Stuart, FL 34994   |   |   |  |
|  | City, State and Zip Code)                             | <del></del>                                 |  |
| jmcglynn@southfl   | lawfirm.com   |   |  |
| E-mail Address: (to b  | c used for future annual re                           | port notifications)                         |  |
| For further information  | on concerning this mat                                | ter, please call:                           |  |
| Alicia Cruz  |   | at (772) 600-                               | -5115  |
| (Name of Conta   | et Person)  |   | time Telephone Number)   |
|  | or the following amou<br>a bank located in the        | •   | sed by this office must be payable in US                                   |
| X \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180.00 Filing Fees<br>and Certified Copy | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status           |
| STREET ADDRESS   | S:  | MAILING A                                   | ADDRESS:   |
| New Filing Section   |   | New Filing S                                |  |
| Division of Corporati  | ions  | Division of C                               |  |
| Clifton Building   |   | P. O. Box 63                                | 27   |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## **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:  Albany Downtown, Inc.  |
|--|
| (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.)                                 |
| (Effect entity type: Example: corporation, limited partnership, general partnership, confinon law or dusiness trust, etc.)   |
| First organized, formed or incorporated under the laws of Florida  |
| (Enter state, or if a non-U.S. entity, the name of the country)  |
| on 2/14/19 .   |
| (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| Albany Downtown, 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.           |

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| Signed this 27 day of              | February                     | <u>2019</u> .                       |
|------------------------------------|------------------------------|-------------------------------------|
| Signature of Authorized Rep        | resentative of Limit         | ed Liability Company:               |
|                                    | DocuSigned by:               |                                     |
| Signature of Authorized Repre      | sentative:                   | £/27/2019                           |
| Printed Name: Kicra DiC            | I C C OE5806F0C48094         | cTitle: Manager                     |
|                                    |                              |                                     |
| Signature(s) on behalf of Othe     | er Business Entity: [S       | See below for required signature(s) |
| Boou Signed by:                    |                              | -                                   |
| Signature: 2 Kistor at DisC        | 2/2//2013                    |                                     |
| Printed Name: Kison and DisC       | iceo                         | Title: President                    |
|                                    |                              | · ———                               |
| Signature:                         |                              |                                     |
| Printed Name:                      | <del></del>                  | Title:                              |
| _                                  | <del></del>                  | <del> </del>                        |
| Signature:                         |                              |                                     |
| Printed Name                       | <u></u>                      | Title:                              |
| Tranco rame.                       |                              | Title.                              |
| Signature                          |                              |                                     |
| Drinted Name:                      |                              | Title:                              |
| rinted Name                        |                              | Title.                              |
| 61                                 |                              |                                     |
| Signature:                         |                              | Title:                              |
| Printed Name:                      |                              | Title:                              |
| 6:                                 |                              |                                     |
| Signature:                         | <del></del>                  | 77)                                 |
| Printed Name:                      | <del></del>                  | Title:                              |
|                                    |                              |                                     |
| If Florida Corporation:            |                              |                                     |
| Signature of Chairman, Vice Ch     |                              |                                     |
| If Directors or Officers have not  | been selected, an Inc        | orporator must sign.                |
|                                    |                              |                                     |
| If Florida General Partnershi      | <u>o or Limited Liabilit</u> | y Partnership:                      |
| Signature of one General Partne    | r.                           |                                     |
|                                    |                              |                                     |
| If Florida Limited Partnership     | or Limited Liability         | v Limited Partnership:              |
| Signatures of ALL General Part     |                              |                                     |
|                                    |                              |                                     |
| All others:                        |                              |                                     |
| Signature of an authorized perso   | M)                           |                                     |
| biginature or air authorized perso | M1.                          |                                     |
| Euro                               |                              |                                     |
| Fees:                              |                              |                                     |
| A .1 1. 60                         |                              | #3c 00                              |
| Articles of Conversion:            |                              | \$25.00                             |
| Fees for Florida Article           | s of Organization:           | \$125.00                            |
| Certified Copy:                    |                              | \$30.00 (Optional)                  |
| Certificate of Status:             |                              | \$5.00 (Optional)                   |
|                                    |                              | • • •                               |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Albany Downto   | wn, LLC<br>Must contain the words "Limited L  | iability Company, "L.L.C.," or "LLC.")  |
|---|---|---|
| ARTICLE II - A  | Address:  |   |
| The mailing addr  | ess and street address of t   | he principal office of the Limited Liability Company i  |
| Principal Office  | Address:  | Mailing Address:  |
| 313 SW Alban  | y Ave.  | 313 SW Albany Ave.  |
| 515 CVV / (IDUIT  |   |   |
| Stuart, FL 349  |   | Stuart, FL 34994  tered Office, & Registered Agent's Signature:   |
| Stuart, FL 349  ARTICLE III - (The Limited Liability                        | Registered Agent, Regist Company cannot serve as its own  | Stuart, FL 34994  dered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another         |
| Stuart, FL 349  ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regis   | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another                           |
| Stuart, FL 349  ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist<br>Company cannot serve as its own<br>n active Florida registration.)  | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |
| Stuart, FL 349  ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist Company cannot serve as its own a active Florida registration.)  e Florida street address of  John J. McGlynn II   | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |
| Stuart, FL 349  ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist Company cannot serve as its own a active Florida registration.)  e Florida street address of  John J. McGlynn II   | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |
| Stuart, FL 349  ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist<br>Company cannot serve as its own<br>n active Florida registration.)<br>e Florida street address of<br>John J. McGlynn II<br>i<br>729 SW Federal Hwy. Suite | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |
| Stuart, FL 349  ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist<br>Company cannot serve as its own<br>n active Florida registration.)<br>e Florida street address of<br>John J. McGlynn II<br>i<br>729 SW Federal Hwy. Suite | Registered Agent's Signature: Registered Agent Signature: the registered agent are:  Name   |

ď ıll tatutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

## ARTICLE IV-

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

|   | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member  |  |
| "MGR" = Manager<br>MGR  | Kiera DiCicco  |
| NOR   |  |
|   | 333 SW Albany Ave. Stuart, FL 34994  |
|   | Sugart, FL 34994   |
| MGR   | Nicholas DiCicco   |
|   | 333 SW Albany Ave.   |
|   | Stuart, FL 34994   |
|   |  |
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|   |  |
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| (Use attachment if necessary)   |  |
| Use attachment if necessary)  |  |
| •   |  |
| (Use attachment if necessary)  LE V: Other provisions, if any.  |  |
| •   |  |
| •   |  |
| •   |  |
| LE V: Other provisions, if any.   |  |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | Stated by  |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | icuSigned by. 2/27/2019  |
| REQUIRED SIGNATURE:   | 2/27/2019  |
| REQUIRED SIGNATURE:  Signature of a member of   | 2/27/2019 Panyauthorized representative of a member  |
| REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.  | 2/27/2019 Parvauthorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware  |
| REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.  | 2/27/2019  |
| REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.        | 2/27/2019 Parvauthorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware  |
| REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Ki er | 2/27/2019  Parkauthorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree for a DiCicco |
| REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Ki er | 2/27/2019  Parkwithorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree f             |