49000112783

| (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: |
| |
| |
| |
| j |

Office Use Only



800328248338

04/24/19--01022--027 **155.00

SECKLIVEY OF STATE

COVER LETTER .

| SUBJECT: MAD | KET DHE T (Name of Resi | EVELOPME ulting Florida Limited Com | 74 LLC |
|--|--|---|---|
| The enclosed Articles Business Entity" into | of Conversion, Article a "Florida Limited Lia | es of Organization, and ability Company" in ac | d fees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Please return all corre | spondence concerning | this matter to: | |
| MARKE+ | S. EL-BA (Contact Person) ONE DEVE (Firm/Company) | HRI Lopment, Ll | LP |
| 3604 BE | Udgewood (Address) | DR. | |
| Jackson | 3 | 32277 | |
| E-mail Address: (to be | HRI @ yahe | oort notifications) | |
| For further information | on concerning this mat | ter, please call: | |
| CALLA EL-P (Name of Conta | AHR1 ct Person) | at (904) 3- (Area Code) (Day | 1334472 rtime Telephone Number) |
| | or the following amou a bank located in the l | | sed by this office must be payable in US |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | \$180.00 Filing Fees and Certified Copy | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS | S: | MAILING A | ADDRESS: |

New Filing Section

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

New Filing Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

New Filing Section

Division of Corporations

TO:

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: MARKET ONE DEVELOPMENT; LLP |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a PARTICISM (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of FLORIDA, USA (Enter state, or if a non-U.S. entity, the name of the country) |
| on 07/15/2015 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| MARKET ONE Development, LLC. (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 4/2/2019. (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. |

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.

2019 APR 24 AM 8: 20
SECRE ARY OF STATE
TALL / HASSEE FI

| A | |
|---|---------------------------------------|
| Signed this 23 hd day of April | 20_19 |
| Signature of Authorized Representative of Limi | ted Liability Company: |
| May 1 | On Bolo |
| Signature of Authorized Representative: | a var |
| Signature of Authorized Representative: | Title: <u>President</u> |
| Signature(s) on behalf of Qther Business Entity: | |
| 77 | · |
| Signature: (ALL) | 0 0 |
| Printed Name: CAPLA S, EL-BAHRI | Title: PESICLELT |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| g | |
| Signature:Printed Name: | T'4 |
| Printed Name: | 1 itle: |
| Cionatura | |
| Signature:Printed Name: | Title |
| rinted (value. | Title. |
| Sionature: | |
| Signature:Printed Name: | Title: |
| Timed Tunio. | Title. |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an Inc | |
| , | |
| <u>lf Florida General Partnership or Limited Liabili</u> | ty Partnership: |
| Signature of one_General Partner. | · · · · · · · · · · · · · · · · · · · |
| | |
| <u>If Florida Limited Partnership or Limited Liabilit</u> | y Limited Partnership: |
| Signatures of ALL General Partners. | |
| | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |
| | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ·100/ | ONE DEVELOPMENT, LLC. | |
|---------|-----------------------|--|
| MIHKKEI | ANE DEVELOPMENT, L. | |

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---------------------------|---|
| 3624 Bridgewood DR. | 3624 BRIDGEWOOD DR. JACKSONVIlle, FL 32277 |
| Jacksonville, FL 30277 | Jacksonville, FL 32211 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

Sold Bridgewood Dr.

Florida street address (P.O. Box NOT acceptable)

Acksonville FL 32277

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|--|
| | |
| CAR AMBR | CARLA S. EL-BAHR 3624 BRIDENTON DR. |
| MGR | CARLA S. F.L-BAHRI 3024 BRIDGEWOOD DR Jacksonville FC 3227 |
| | |
| (Use attachment if necessary) | |
| | |
| CLE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | - Bm. ' _ |
| Signature of a member or This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felonic |
| 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. | with section 605.0203 (1) (b), Florida Statutes. I am aware tha |
| 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. | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon to the Departme |

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

ARTICLE IV-

Company: