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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

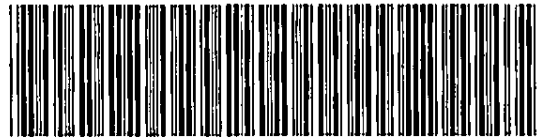
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DUNLAP | MORAN
ATTORNEYS AT LAW

April 18, 2019

11040-3

VIA: FEDEX DELIVERY

Tracking No.: 7750.14728543

Department of State
Division of Corporations
Attn: Conversion Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Conversion of **Ginger Investment Associates, Ltd.**, to **Ginger Investment Associates, LLC**

Dear Sir or Madam:

Enclosed please find the following:

1. Articles of Organization for Ginger Investment Associates, LLC (to be filed **first**);
2. Articles of Conversion (to be filed **second**); and
3. Check in the amount of \$150.00 (\$125.00 for the formation of the Florida LLC; \$25.00 for the conversion).

Step One:

Please file the Articles of Organization first, so that the Florida LLC is in existence prior to the conversion.

Step Two:

Please then file the Articles of Conversion, so that Ginger Investment Associates, Ltd., will converge with Ginger Investment Associates, LLC.

Please return all correspondence concerning this matter to:

Karen V. Vale
c/o John A. Moran
PO Box 3948
Sarasota, FL 34230-3948

JMoranStaff@DunlapMoran.com

Should you have any questions regarding the foregoing, please feel free to contact me.

Very truly yours,

Dictated but Not Read

John A. Moran, Esq.

Enclosures

CC: Karen V. Vale without Enclosures

SJC//11040-2/ Ginger Investment Associates, Ltd/Conversion to LLC/Letter to FL Division of Corp. re Conversion

Signed this 17 day of April 2019.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Karen V. Vale
Printed Name: KAREN V. VALE Title: MANAGER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Karen V. Vale
Printed Name: GINGER MANAGEMENT, LLC Title: GENERAL PARTNER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability 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)

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 I.L.E.U.
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: _____

GINGER INVESTMENT ASSOCIATES, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

8252 Larkspur Circle
Sarasota, FL 34241

Mailing Address:

8252 Larkspur Circle
Sarasota, FL 34241

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:

JOHN A. MORAN, ESQ.

Name

22 S. LINKS AVE., SUITE 300

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

SARASOTA

City

FL, 34236

Zip

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TALLAHASSEE, FLORIDA

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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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

Name and Address:

KAREN V. VALE

8252 LARKSPUR CIRCLE

SARASOTA, FL 34241

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Karen V. Vale

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

KAREN V. VALE

Typed 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)

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STATE DEPARTMENT OF STATE
TALLAHASSEE FLORIDA