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(Re	questor's Name)	
(Add	dress)	<u></u>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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ROBERT T. KLEINKNECHT, PRINCIPAL rkleinknecht@oakstonelaw.com

May 21, 2019

#### **VIA USPS PRIORITY MAIL 2-DAY**

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

Re: Schiller Hospitality LLC- Articles of Conversion; Articles of Organization

On behalf of my client, Schiller Hospitality LLC, a Kansas limited liability company, enclosed please find the following:

- 1. Cover letter (your form INHS11);
- 2. Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company;
- 3. Articles of Organization for Florida Limited Liability Company; and
- 4. Firm check in the amount of \$185.00, representing your filing fee, plus a certified copy and a certificate of status.

Upon your acceptance of the enclosed, we intend the company to be converted to a Florida limited liability company.

Thank you for your help, and feel free to contact me at the above email address (or phone below) if you require any additional information.

Sińcerely,

Robert T. Kleinknecht

Oakstone Law PL

Enclosures: Articles of Conversion (w/ cover letter);

Articles of Organization; Firm Check - \$185.00

c: Friedrich Schiller, Manager (via email)

## **COVER LETTER**

Division of C			
SUBJECT: SCHILLE	ER HOSPITALITY LLC		
	(Name of Res	sulting Florida Limited	Company)
			n, and fees are submitted to convert an "Othe in accordance with s. 605,1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
FRIEDRICH SCHILLEF	₹		
	(Contact Person)		
SCHILLER HOSPITALI	ITY LLC		
	(Firm/Company)		
3301 BONITA BEACH	RD, STE 209		
	(Address)		
Bonita Springs, FL 3413	34		
((	City, State and Zip Code)		
s.j.schiller@att.net			
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Robert Kleinknecht		_at (239)	351-1828
(Name of Conta	ict Person)	(Area Code)	(Daytime Telephone Number)
	or the following amou a bank located in the		ocessed 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 Fo and Certified Copy	
STREET ADDRESS	S:	MAILIN	G ADDRESS:
New Filing Section New Fili		New Filir	ng Section
Division of Corporations Division of Corpora Clifton Building P. O. Box 6327			
Clifton Building 2661 Executive Cent	er Circle		see, FL 32314

Tallahassee, FL 32301

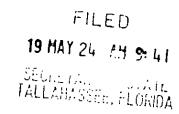
### **Articles of Conversion**

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: SCHILLER HOSPITALITY LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
JULY 15, 2002  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SCHILLER HOSPITALITY 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 15 day of 17ay	20 <u>/9</u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative:  Printed Name: FRIEDRICH SCHILLER	drolle da .
Signature of Authorized Representative:	THE MESCEP
Printed Name: FRIEDRICH SCHILLER 3 C	/ Title: MANAGER
Signature(s) on habelf of Other Business Untitue	[San halow for required signatura(s)]
Signature(s) on behalf of Other Business Entity:	(See Below for Tequiled Signature(S))
Signature: Middelille Printed Name FRIEDRICH SCHILLER	-
Printed Name FRIEDRICH SCHILLER	Title: MEMBER, AUTHORIZED PERSO
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	**************************************
Printed Name:	IIIIe:
Signature	
Signature:Printed Name:	Title:
Timed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
	, .
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
1f Florida Limited Partnership or Limited Liabili	
Signatures of ALL General Partners.	
All othors	
All others: Signature of an authorized person.	
Signature of all 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)
Servinous of Status.	asion (Obtionar)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Compan	y is:	
SCHILLER HOSPITALITY LLC		
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC."	)
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
3301 BONITA BEACH RD, STE 209	3301 BONITA BEACH RI	D. STE 209
BONITA BEACH, FL 34134	BONITA BEACH, FL 34	134
ARTICLE III - Registered Agent, Regist The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	19 † SEC
FRIEDRICH SCHILLER		
,	Name	FIL HAY 24 ULAHASE
3301 BONITA BEACH RD	D. STE 209	
Florida street address	(P.O. Box NOT acceptable)	FILED 19 HAY 24 AM \$ 41 ALLAHASSECTELORIDA
BONITA BEACH,	FL 34134	€ <b>5</b>
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..

FRIEDRICH SCHILLER Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	FRIEDRICH SCHILLER		
	3301 BONITA BEACH RD, STE 209		
	BONITA BEACH, FL 34134		
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	<b>19</b>		
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	1-1		
(Use attachment if necessary)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
(ose addenment it necessary)			
ARTICLE V: Other provisions, if any.			
Friedrich Schiller, by signature hereto, authorizes and co	onsents to the use of the name Schiller Hospitality 11 C		
pursuant to F.S. § 605.0112(b).	The state of the figure of the state of the		
REQUIRED SIGNATURE: //	1		
	[		
SIGN HERE: (Milety)	fulls		
Signature of a member or an	authorized representative of a member		
This document is executed in accordance wi	th section 605.0203 (1) (b). Florida Statutes. Lam aware that		
any false information submitted in a docume	nt to the Department of State constitutes a third degree felony		
as provided for in s.817.155. F.S.			
FRIEDRICH SCHILLER			

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)