L19000166933

| (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: |
| w19.55965 |
| |
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| |

Office Use Only



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200 co 1 15/141

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE : 803862 158

ACCOUNT NO. : I2000000195

AUTHORIZATION

COST LIMIT : \$ 150.00~

ORDER DATE : June 11, 2019

ORDER TIME : 2:21 PM

ORDER NO. : 803862-005

CUSTOMER NO: 158753A

DOMESTIC AMENDMENT FILING

NAME: EASTERN SHORES MOBILE VILLAGES

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION & ARTICLES OF ORGANIZATION RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS:

COVER LETTER

| Division of | Corporations | | |
|--|---|--|---|
| SUBJECT: Easte | ern Shores Mobile Villages, | LLC | |
| | (Name of Re | sulting Florida Limited Co | ompany) |
| The enclosed Articl Business Entity" int | es of Conversion, Artic o a "Florida Limited L | cles of Organization, a liability Company" in a | nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S. |
| Please return all cor | respondence concernir | ng this matter to: | |
| Donal | d A. Hamburg, Esq. | | |
| | (Contact Person) | | |
| Golenbock | Eiseman Assor Bell & Pesl | coe LLP | |
| | (Firm/Company) | | |
| 711 Third Av | enue | | |
| | (Address) | | |
| New York N | Y 10017 | | |
| (| City, State and Zip Code) | | |
| dhamburg@g | olenbock.com | | |
| E-mail Address: (to l | e used for future annual re | port notifications) | |
| For further informati | on concerning this ma | tter, please call: | |
| Donald Hamburg | | _at (<u>212</u>) 9 | 07 7380 |
| (Name of Conta | act Person) | (Area Code) (Day | rtime Telephone Number) |
| Enclosed is a check a dollars and drawn on | for the following amou a bank located in the | nt: (All checks process United States) | 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 | Certified Copy, and Certificate of Status |
| STREET ADDRESS New Filing Section Division of Corporate | | MAILING A New Filing S Division of C | ection |

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

TO: New Filing Section

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: Eastern Shores Mobile Villages GP 19 - 340 |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is ageneral partnership |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws ofFlorida |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on December 31, 1980 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Eastern Shores Mobile Villages, 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 day of day of | 20 |
|---|---|
| Signature of Authorized Representative of Lin | nited Liability Company: |
| Signature of Authorized Representative: | $\mathcal{H} \mathcal{N} \mathcal{V} \mathcal{X}$ |
| | Title: _Counsel/ |
| <u> </u> | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: Mes | |
| Signature: Peg Myers Printed Name: Peg Myers | Title: General Partner |
| | |
| Signature:Printed Name: | Title |
| Timeed ivanie. | Title. |
| Signature: | |
| Signature: Printed Name: | Title: |
| | |
| Signature: | m: I |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Ye Physical Co. | |
| If Florida Corporation: Signature of Chairman Vice Chairman Director of | 065 |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir | Officer. |
| in Birectors of Officers have not been selected, all II | icorporator must sign. |
| If Florida General Partnership or Limited Liabil | ity Partnership: |
| Signature of one General Partner, | |
| | |
| If Florida Limited Partnership or Limited Liabili | ity Limited Partnership: |
| Signatures of ALL General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| organization 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Comp | pany is: |
|--|--|
| Eastern Shores Mobile Villages, L | LC |
| (Must contain the words "Limite | ed Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address o | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| c/o Sheldon Vidibor | 2700 Krim Avenue Los Angeles, CA 90064. |
| business entity with an active Florida registration.) The name and the Florida street address of Corporation Service | |
| 1201 Hays Street, Ta | Name allahassee, FL 32301 |
| Florida street addres | ss (P.O. Box <u>NOT</u> acceptable) |
| City | FLZip |
| liability company at the place design registered agent and agree to act in this statutes relating to the proper and comaccept the obligations of my position | and to accept service of process for the above stated limited atted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S Lydia Cohen Asst. Vice Presicent 's Signature (REQUIRED) |

(CONTINUED)

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| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| MGR | Sheldon Vidibor |
| | 2700 Krim Avenue |
| | Los Angeles, CA 90064. |
| MGR | Peg Myers |
| | — 2402 Salcoda Drive |
| | Northbrook II 60062 |
| | |
| | |
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| | |
| | |
| | |
| (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. | Peg Myers |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance | Peg Myers an authorized representative of a member swith section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo |
| 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. | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the |
| 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. | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo |

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

ARTICLE IV-

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