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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
Special Instructions to Filing Officer:

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COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT: DREW	MANOR PLAZA, LLC.		
		sulting Florida Limite	ted Company)
		_	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all co	respondence concernin	ng this matter to:	
JAMIE KOUMOUND	OUROS		
	(Contact Person)		-
PETER MAKRIS CPA			
	(Firm/Company)		_
2110 DREW STREET			
	(Address)		-
CLEARWATER, FL 3	3765		
	(City, State and Zip Code)		-
E-mail Address: (to	be used for future annual re	eport notifications)	-
For further informa	tion concerning this ma	itter, please call:	
JAMIE KOUMOUND	OUROS	_at (⁷²⁷))446-0000
(Name of Con	tact Person)	(Area Code)	(Daytime Telephone Number)
	for the following amount a bank located in the		processed 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 F and Certified Copy	~
STREET ADDRE	SS:	MAILH	ING ADDRESS:
New Filing Section	.•		iling Section
Division of Corpora Clifton Building	ttions		on of Corporations Box 6327
2661 Executive Cer	iter Circle		assee, 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: DREW MANOR PLAZA, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION PO-65655 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
07/05/2000
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DREW MANOR PLAZA, 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.)
<u>Note:</u> 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 29TH day of JULY	20_19		
Signature of Authorized Representative of	Limited Liability Company:		
Signature of Authorized Representative: Printed Name: PETER MAKRIS	Title: MGR	_	
Signature(s) on behalf of Other Business Ent			
Signature: Printed Name: PETER MAKRIS		<u> </u>	
Signature:Printed Name:	Title:	_	
Signature: Printed Name:	Title:	_ _	
Signature:Printed Name:	Title:	<u> </u>	
Signature:Printed Name:	Title:	_ _	
Signature: Printed Name:	Title:	_ _	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected,			
If Florida General Partnership or Limited L. Signature of one General Partner.	iability Partnership:		
If Florida Limited Partnership or Limited Li Signatures of <u>ALL</u> General Partners.	iability Limited Partnership:		
All others: Signature of an authorized person.		ALLAN	19 AUG
Fees:		(SEE)	-6 -6
Articles of Conversion: Fees for Florida Articles of Organizati Certified Copy: Certificate of Status:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FLORIDA	9: 53

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Cor	mpany is:
DREW MANOR PLAZA, LLC.	
(Must contain the words "Lin	nited 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:	Mailing Address:
2110 DREW STREET	2110 DREW STREET
CLEARWATER, FL 33765	CLEARWATER, FL 33765

(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.)

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

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

		19 TALL
Box NO	T acceptable)	AUG
FL	33765	388 1888 19-6
_	Zip	jn, -
	Box <u>NO</u>	Box NOT acceptable) FL 33765

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 appetit ment 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)

A	RT I	F	W_{-}

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	PETER MAKRIS	
	2110 DREW STREET	_
	CLEARWATER, FL 33765	_
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(Use attachment if necessary)		
	FLORIDA	'n
CLE V: Other provisions, if any.	Y. r.	Ç
<u> </u>		

REQUIRED SIGNATURE:

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.

PETER MAKRIS

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)