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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officer:	
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Office Use Only

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COVER LETTER

			•	_	11:1.
TO:	New Filing S	ection		ન્યું દાઉ વિશ	<i>*</i> •••
	Division of C	Corporations			
SUR.	JECT: TVNJS F	roperties, LLC			
			ulting Florida Limited Con	npany)	
				nd fees are submitted to conceordance with s. 605.104	
Pleas	se return all corr	espondence concernin	g this matter to:		
Camr	nie Abraham				
		(Contact Person)			
Marsl	hall & Melhorn, LI	.C			
		(Firm/Company)			
Four	SeaGate, 8th Floor				
		(Address)			
Toled	lo, O11 43604				
	(City, State and Zip Code)			
abrah	am@marshall-mel	horn.com			
E-	mail Address: (to b	e used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter. please call:		
Camr	nie Abraham		_at (419) 249-7	7229	
-	(Name of Conta	act Person)	(Area Code) (Day	ctime Telephone Number)	
		for the following amou a bank located in the		sed by this office must be	payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$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	
STR	EET ADDRES	S:	MAILING A	ADDRESS:	
	Filing Section		New Filing Section		
	sion of Corporat	ions	Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314			

Tallahassee, FL 32301

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Articles of Conversion For

"Other Business Entity"

1.00

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: TVS Properties, 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
(Enter state, or if a non-U.S, entity, the name of the country)
June 22, 2006
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TVNJS Properties, 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 12th day of September	_ 20_19
Signature of Authorized Representative of Limit	ted Liability Company:
$\mathcal{N}_{\mathcal{A}}$	()
Signature of Authorized Representative: <u>Vale</u>	- John Lug
Printed Name: Valerie K. Schnorberger, Trustee	Title: Sole Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
~ \\.\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature: Volenie Schniberger, Trustee	This Cata Manhag
Printed Name: Valerie K. Schnorberger, Trustee	Title: Sole Member
Signature:	
Printed Name:	Title:
Timed Fame.	
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Clanaturu	
Signature:Printed Name:	Title:
Timed (vanic.	
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	0.00
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	g rai mersing.
Management of one constant annual.	
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Aminton of Course = !-	\$25.00
Articles of Conversion:	\$25.00 \$135.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontinnal)
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			· ·
ARTICLE I - Na The name of the I	i me: Limited Liability Company	ris:	· · ·
TVNJS Properties, L	-		
(2)	fust contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		e principal office of the Limited Liabili	ty Company is:
Principal Office	Address:	Mailing Address:	
14882 Crescent Cov	e Drive	14882 Crescent Cove Drive	
Fort Myers, FL 3390	8	Fort Myers, FL 33908	
		-	
(The Limited Liability) business entity with ar	Company cannot serve as its own R n active Florida registration.) Florida street address of tl Thomas J. Schnorberger	ered Office, & Registered Agent's Sig legistered Agent. You must designate an individual of the registered agent are:	or another
	\	ame	
	14882 Crescent Cove Drive		
		P.O. Box NOT acceptable)	
	Fort Myers	FL 33908	
	City	Zip	
liability com registered agen statutes relati	pany at the place designate t and agree to act in this ca ng to the proper and comple	nd to accept service of process for the about in this certificate. I hereby accept the appacity. I further agree to comply with the ete performance of my duties, and I am for registered agent as provided for in Cha	appointment as ne provisions of al amiliar with and

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	W 1 1 1 0 1 1 1 W
AMBR	Valerie K. Schnorberger, Trustee 14882 Crescent Cove Dr.
	Fort Myers, FL 33908
N/A	N/A
N/A	N/A
N/A	N/A
	10/4
	**
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Valeur Schn	Muga
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 the
any raise information submitted in a docu- as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felo
·	
Valerie K. Schnorberger, Trustee	
	ped 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)