# 119000284964

(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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Office Use Only N SAMS

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## **COVER LETTER**

TO:	New Filing Son Division of C				
SURII	ECT: Investors	Realty LLC			
501701			sulting Florida Limite	d Cor	npany)
			~		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to:		
Lowell	D Chesborough				
		(Contact Person)			
Investo	rs Realty LLC				
		(Firm/Company)			
POB 14	10239				
		(Address)			
Gaines	ville, FI 32614-02	239			
	((	City. State and Zip Code)			
lowelle	hes@gmail.com				
E-m	ail Address: (to b	e used for future annual re	port notifications)		
For fur	ther information	on concerning this ma	tter, please call:		
Lowell	D Chesborough		_at ( 352)	214-7	7011
	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)
		or the following amou a bank located in the		oces	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New F	ET ADDRESS iling Section on of Corporati		New Fil	ing S	ADDRESS: ection Corporations
	Building	a	P. O. Bo		
2661 E	Executive Cente	er Circle	Tallahas	see.	FL 32314

Tallahassee, FL 32301

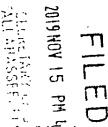
## **Articles of Conversion**

For

#### "Other Business Entity"

Into

## Florida Limited Liability Company



The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.104 Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Investors Realty Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
8/15/1974 on
8/15/1974 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Investors Realty 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.

\$5.00 (Optional)

Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Investors Realty LLC				
(Mı	ist contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Ad	ldress:			
The mailing addres	ss and street address of t	he principal office of the Limited	Liability Comp	any is:
Principal Office A	Address:	Mailing Address:	,	
4081 NE 27th Ln		POB 140239	2019 NOV 1 Seekela Ali khas	
High Springs, Fl 326-	13	Gainesville, Fl 32614-0239		71
ARTICLE III - R	egistered Agent, Regist	tered Office, & Registered Agen	<u> </u>	m
(The Limited Liability Co		Registered Agent. You must designate an in-		D
The name and the I	Florida street address of	the registered agent are:	# <b>#</b>	
	Lowell D. Chesborugh			
	1	Vame		
	4081 NE 27th Ln			
	Florida street address	(P.O. Box NOT acceptable)		
	High Springs	FL 32643		
	City	Zin		

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)

A	DT	110	1 0	7	N/
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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	Laurell D Charlesanuch
MGR	Lowell D Chesborough 4081 NE 27th Ln
	High Springs, FL 32643
	Tigh Springs, 11 32043
	20°
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	70
(Use attachment if necessary)  CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
lowell chesborough	· ·
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
Lowell Chesborough	
Ту	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)