

L19000304292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

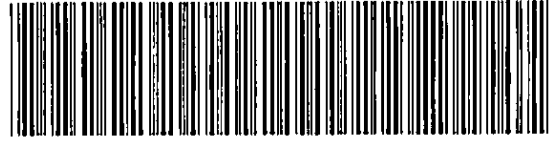
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FILED 12/19/19

Office Use Only




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SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 19 PM12:24

FILED

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

ACCOUNT NO. : I20000000195
REFERENCE : 108745 4329479
AUTHORIZATION : 
COST LIMIT : \$ 150.00

ORDER DATE : December 19, 2019
ORDER TIME : 2:37 PM
ORDER NO. : 108745-005
CUSTOMER NO: 4329479

DOMESTIC AMENDMENT FILING

NAME: RESORT INNS OF AMERICA, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT / CONVERSION
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS: _____

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2019 DEC 19 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FL

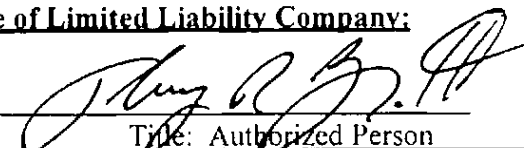
Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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.605.1045, Florida Statutes.

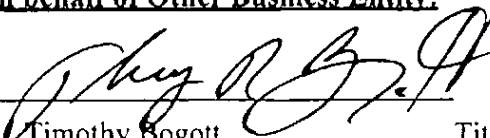
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is **Resort Inns of America, Inc.**
2. The "Other Business Entity" is a Corporation organized, formed or incorporated under the laws of Florida on December 9, 1969.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is **Resort Inns of America, LLC.**
4. This document shall be effective on the date of filing.
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 19th day of December 2019.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Timothy Bogott Title: Authorized Person

Signature(s) on behalf of Other Business Entity:

Signature: 
Printed Name: Timothy Bogott Title: President

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

2019 DEC 19 PM 12: 25
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is: Resort Inns of America, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

321 Brightwaters Blvd., N.E.
St. Petersburg, FL 33704

Mailing Address:

321 Brightwaters Blvd., N.E.
St. Petersburg, FL 33704

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

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

Timothy Bogott

321 Brightwaters Blvd., N.E.

St. Petersburg, FL 33704

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

(CONTINUED)

ARTICLE IV-

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

Title:
MGR

Name and Address:

Timothy Bogott
321 Brightwaters Blvd., N.E.
St. Petersburg, FL 33704

MGR

Richard E. Sherman
c/o 321 Brightwaters Blvd., N.E.
St. Petersburg, FL 33704

MGR

Robert M. Taylor
c/o 321 Brightwaters Blvd., N.E.
St. Petersburg, FL 33704

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TALLAHASSEE, FL

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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.



Timothy Bogott, Authorized Person

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)