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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:	

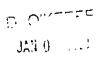
Office Use Only



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COVER LETTER

Division of C						
SUBJECT: Unio						
	(Name of Re	sulting Florida Limited	Con	npany)		
		-		d fees are submitted to ecordance with s. 605.1		
Please return all corr	espondence concernin	g this matter to:				
Rachel Kane						
	(Contact Person)				· •	<u> </u>
Donald J Weiss Es	auire PC					O 61
	(Firm/Company)	<u> </u>				DEC .
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Chadds Ford PA 19	9317				<u> </u>	9: 09
((City, State and Zip Code)				7.1	G
r.kane@weisstax.co						
E-mail Address: (to b	e used for future annual re	port notifications)				
For further informati	on concerning this ma	tter, please call:				
Rachel Kane		at (<u>610</u>)	45	9-1700	_	
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)		
	or the following amou a bank located in the	•	cess	sed by this office must b	oe payablo	e in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fe and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add	ress:	St	reet	Address:		
New Filing So		No	ew I	Filing Section		
Division of C	•			on of Corporations		
P.O. Box 632				Centre of Tallahassee	. 010	
Tallahassee, I	1 32314			N. Monroe Street, Suite nassee, FL 32303	. 910	
		1 (111111	100000 1 10 フェンリン		

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: Unionville, Inc.
(Enter Name of Other Business Entity)
The "Other Business Entity" is afor profit corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 11/07/1997 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Unionville, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: <u>December 31, 2019</u> . (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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Certificate of Status:

\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	is:			
The hame of the Edither Blacking Company				
Unionville, LLC				
(Must contain the words "Limited Liab	ility Company. "	L.L.C.," or "LLC.)		
ARTICLE II - Address: The mailing address and street address of the	principal off	ice of the Limit	ted Liability Company	is:
Principal Office Address:	Mailing	Address:		
LU5 Long Beach Drive Big Pine Kev FL 33043	6000-0 Ponte	Sawgrass Villa Vedra Beach FI	age Circle . 33043	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent.	i ou must designate i	gent's Signature: an individual or another	
The name and the Florida street address of the	ne registered	agent are:		
<u>Don Taylor</u>				
Na	ame			
1115 Long Beach Dri Florida street address (I	ve P.O. Box <u>NO</u>	T acceptable)		
Big Pine Key	FL_	33043		
<u>Big Pine Key</u> City		Zip		
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comples accept the obligations of my position as	d in this certy pacity. I furt ete performa	ficate, I hereby her agree to con ace of my duties,	accept the appointment nply with the provisions and I am familiar with	as of all and
Registered Agent's	Signature (R	EQUIRED)	_	
	TINUED)		19 DEC -6 .11	- · · · · · · · · · · · · · · · · · · ·

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

"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Don Taylor 1115 Long Beach Drive Big Pine Key FL 33043	
		
(II. and because if no organia)		
(Use attachment if necessary)		-6 11 Stata
TICLE V: Other provisions, if any.		66 1631 69 16

REQUIRED SIGNATURE:	and the state of t	
Ida	0.	

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.

Don Taylor

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)