

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
		_
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	<del></del>
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Consist to the second	EW Officer	· · · · · · · ·
Special Instructions to	Filing Oπicer:	
		Ì

Office Use Only

K PAGE

MAR 0 5 2020



500337909865

12/19/19--01018--026 \*+30.00

12/19/19--01018--025 \*\*150.00

2019 JAN 19 PM 6: 20 SECRETARY LESTATE



January 16, 2020

LAURENCE I. BLAIR 2255 GLADES ROAD, STE 400-E BOCA RATON, FL 33431

SUBJECT: LIVE OAK INVESTMENTS 140, LLC

Ref. Number: W20000003583

We have received your document for LIVE OAK INVESTMENTS 140, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED TWO DIFFERENT SETS OF FORMS PLEASE CHOSE ONLY ONE TO BE FILLED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 920A00001208

2020 FEB -3 PH 1: 23

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Live Oak Investments 140, LLs	C
(Name o	f Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an "Other ed Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence conce	rning this matter to:
Laurence I. Blair, Esq.	
(Contact Person)	
Greenspoon Marder LLP	
(Firm/Company)	
2255 Glades Road, Suite 400-E	
(Address)	
Boca Raton, Florida 33431	
(City, State and Zip Co	ode)
julie.wysocki@gmlaw.com	
E-mail Address: (to be used for future annu	ual report notifications)
For further information concerning this	s matter, please call:
Lauren A. Galvani, Esq.	at ( <sup>561</sup> ) 939-2219
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following a dollars and drawn on a bank located in	the United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## 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:  Live Oak Investments 140, Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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)
July 12, 2018  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Live Oak Investments 140, 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.
SECRE AND TALLEAR

Signed this 13th day of DECENDER	20_19
Signature of Authorized Representative of Limit	
and the second s	
Signature of Authorized Representative:	Title: Manager
Printed Name: Kamyın R. Berman	Title, Manage.
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:  Printed Name: Kamiyn R. Berman	
Signature:	77.1 1.773
Printed Name: Kamryn R. Berman	Ittle: VP
Sionature:	
Signature:Printed Name:	
Signature:Printed Name:	m: I
Printed Name:	_ litte:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	m: I
Printed Name:	
Circulturas	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	<del></del>
•	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All athores	
All others: Signature of an authorized person.	
c.é	
Fees:	
	635.00
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$30.00 (Optional)
Certified Copy: Certificate of Status:	\$5.00 (Optional)
Commence of Status.	Option ( Ohm )

SECRECATION SEE PATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF  ARTICLE 1 - No The name of the	ıme:		OKIDA LIMITED I	, and a		,,,,,,,	
Live Oak Investmen	ts 140, LLC dust contain the word	ls "Limited Liabilit	y Company, "L.L.C.," or "Lt.C	)		-	
ARTICLE II - A The mailing addr	Address: ess and street ad	ldress of the pr	incipal office of the Li	mited Li	iability (	Compa	ny is:
Principal Office	Address:		Mailing Address:				
			10100 SW 70 AVE				
LIVE OAK, FLORE			MIAMI, FLORIDA 331	56		- -	
						_	
(The Limited Liability business entity with a	Company cannot serv n active Florida regis	ve as its own Regis tration.)	1 Office, & Registered agent. You must designate the designate of the designate agent are:	ate an indiv	ridual or an	other	
	Kamryn R. Ber			_			
		Nam	ε				
	10100 SW 70T			<del></del>			
	Florida stree	et address (P.C	). Box <u>NOT</u> acceptable	)			
	MIAMI		FL 33156	<u> </u>			
		City	Zip				
liability con registered ager statutes relat	ipany at the plac it and agree to a ing to the proper obligations of my	ce designated in ct in this capace and complete position as re	o accept service of proc n this certificate. I herei city. I further agree to a performance of my duti gistered agent as provid	by accep comply w ies, and i ded for i	t the app vith the p Lain fam	ointme rovisia iliar w	mt as ms of al ith and
	<u> </u>	مناک مذہبیری کا ایک	nature (REQUIRED)				
	Registere	(CONTI			SECKETASY TALLAHAS	2019 JAN 19	T

ARTICLE IV-

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

"MGR" = Manager MGR	Kamryn R. Berman	_
	10100 SW 70 AVE	_
	MIAMI, FLORIDA 33156	-
		_
		_
		_
		_
		_
	•	_
	<u> </u>	7
(Use attachment if necessary)	LAHA?	JAN 19
CLE V: Other provisions, if any.	Š M M	₽Ħ
Cists 7. Office provisiones is uny.		è
		8

REQUIR <u>ED</u> SIGNA	CIURE:	
N	2	

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.

KAMRYN R. BERMAN

Typed or printed name of signee

Filing Fees

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)