

20000077553

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | 2000 |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Dc | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200341510742

03/02/20--01036--019 **150.00

C RICO MAR 02 2020



February 28, 2020

Jacob Walson | Attorney

office 616.235.3500 direct 616.233.5293

fa • 616.233.5269

email jwalson@rhoadesmckee.com

55 Campau Avenue NW Suite 300

Grand Rapids, MI 49503

Via Federal Express

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Conversion and Articles of Organization

To Whom It May Concern:

Enclosed please find the following documents:

- 1. Articles of Conversion for an "Other Business Entity" into a Florida Limited Liability Company;
- 2. Articles of Organization for the new Florida Limited Liability Company; and
- An enclosed check in the amount of \$150.

Please provide notification to my office once the documents have been filed.

If you have any questions or concerns please do not hesitate to ask. Thank you for your prompt attention to this matter.

Very truly yours,

RHOADES McKEE PC

Jacob A. Walson

COVER LETTER

| SUBJECT: SH Mode | ern LLC | | | |
|--|---|-----------------------------------|----------|---|
| | | ulting Florida Lim | ited Com | pany) |
| | | _ | | I fees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Please return all corr | espondence concernin | g this matter to: | | |
| lan A. Northon, Esquir | e | | _ | |
| | (Contact Person) | | _ | |
| Rhoades McKee PC | | | | |
| | (Firm/Company) | | _ | |
| 9128 Strada Place Sui | te 10115 | | | |
| | (Address) | | _ | |
| Naples, FL 34108 | , , | | | |
| | City, State and Zip Code) | | _ | |
| inorthon@rhoadesmck | - | | | |
| | | | _ | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | |
| For further informati | on concerning this ma | tter, please call: | | |
| lan A. Northon, Esquir | e | at (616 | 233-5 | 125 |
| (Name of Conta | ect Person) | _ \ |) (Dayt | ime Telephone Number) |
| | or the following amou a bank located in the | | processi | ed by this office must be payable in US |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Co | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Add | ress: | | Street | Address: |
| New Filing S | ection | | | iling Section |
| Division of C | • | | | on of Corporations |
| P.O. Box 632 | | | | entre of Tallahassee |
| Tallahassee, I | ·L 32314 | | | N. Monroe Street, Suite 810 |
| | | | raman | assee, FL 32303 |

TO: New Filing Section Division of Corporations

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: SH Modern 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 |
| October 1, 2014 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SH Modern 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.

20 MAR - 2 PM (- 0.3

SECRETARE OF STATE

SECRETARE OF STATE

JACK OF STA

| Signed this 28 | day of February | 20 20 |
|--------------------|---|---------------------------------------|
| Signature of Aut | thorized Representative of Lin | nited Liability Company: |
| Signature of Auth | orized Representative: Salla | Husburg |
| Printed Name: Sal | norized Representative: | Title: Manager |
| | | [See below for required signature(s)] |
| | | [See Delow 101 Tequired signature(s)] |
| | lle History | |
| Printed Name: Sal | lie A. Hirshberg | Title: Manager |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | Title: |
| rrinted Name: | · | Title: |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | - | Title: |
| Frince Name | | 11116. |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| If Florida Corpor | ration: man, Vice Chairman, Director, o | r Officer |
| | icers have not been selected, an I | |
| | • | |
| | l Partnership or Limited Liabi | <u>lity Partnership:</u> |
| Signature of one C | General Partner. | |
| If Florida Limite | d Partnership or Limited Liabi | lity Limited Partnership |
| | General Partners. | nty Entired Farthership. |
| | | |
| All others: | | |
| Signature of an au | thorized person. | |
| Fees: | | |
| Articles o | f Conversion: | \$25.00 |
| | lorida Articles of Organization: | \$125.00 |
| Certified (| • • | \$30.00 (Optional) |
| Certificate | e of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SH Modern LLC | | |
|--|--|---|
| (,) | dust contain the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") |
| ARTICLE II - A | Address: | |
| | | principal office of the Limited Liability Company is |
| | | |
| Principal Office | Address: | Mailing Address: |
| 04.4.0 04 | | 214 3rd Street |
| 214 3ra Street | | |
| 214 3rd Street Unit D | | Unit D |
| Unit D Fort Myers, FL 339 ARTICLE III - I The Limited Liability | Registered Agent, Registe Company cannot serve as its own Re | |
| Unit D Fort Myers, FL 339 ARTICLE III - I The Limited Liability business entity with an | Registered Agent, Registe | Unit D Fort Myers, FL 33907 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another |
| Unit D Fort Myers, FL 339 ARTICLE III - I The Limited Liability business entity with an | Registered Agent, Registe Company cannot serve as its own Ren active Florida registration.) | Unit D Fort Myers, FL 33907 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another |
| Unit D Fort Myers, FL 339 ARTICLE III - I The Limited Liability business entity with an | Registered Agent, Registe Company cannot serve as its own Re n active Florida registration.) E Florida street address of the lan A. Northon, Esquire | Unit D Fort Myers, FL 33907 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another |
| Unit D Fort Myers, FL 339 ARTICLE III - I The Limited Liability business entity with an | Registered Agent, Registe Company cannot serve as its own Re n active Florida registration.) E Florida street address of the lan A. Northon, Esquire | Unit D Fort Myers, FL 33907 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: |
| Unit D Fort Myers, FL 339 ARTICLE III - I The Limited Liability business entity with an | Registered Agent, Registe Company cannot serve as its own Ren active Florida registration.) E Florida street address of the lan A. Northon, Esquire Na 9128 Strada Place Suite 19 | Unit D Fort Myers, FL 33907 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: |
| Unit D Fort Myers, FL 339 ARTICLE III - I The Limited Liability business entity with an | Registered Agent, Registe Company cannot serve as its own Ren active Florida registration.) E Florida street address of the lan A. Northon, Esquire Na 9128 Strada Place Suite 19 | Unit D Fort Myers, FL 33907 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: |

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)

20 MAR - 2 * W I CO

| <u>Title:</u> 'AMBR" = Authorized Member | Name and Address: |
|--|------------------------|
| 'MGR" = Manager MGR | Sallie A. Hirshberg |
| in the state of th | 214 3rd Street, Unit D |
| | Fort Myers, FL 33907 |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| LE V: Other provisions, if any. | |
| REQUIRED SIGNATURE: | |
| Sallie Hinakberg | |

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Typed or printed name of signee