# L20000 10458

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<del></del>
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Dod	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200342437492

U3/Carco 0:033--016 \*\*150.00

SECRETARY OF STATE

N CULLIGANI APR 2.0 7070

### COVER LETTER

Division of Corporations				
SUBJECT: SOUTHLAKE REAL ES	STATE INVESTMENTS L.L.C.			
(Name of Resulting Florida Limited Company)				
	Articles of Organization, and fees are submitted to convert an "Other ited Liability Company" in accordance with s. 605.1045, F.S.			
Please return all correspondence con-	cerning this matter to:			
Chantelle Waite				
(Contact Person	)			
Veil Legal				
(Firm/Company	)			
1187 North 1200 West Suite 300				
(Address)				
Orem, UT 84057				
(City, State and Zip	Code)			
renewals@veil.com				
E-mail Address: (to be used for future ar	nnual report notifications)			
For further information concerning the	nis matter, please call:			
Chantelle Waite	at ( 877 ) 313-1043			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following dollars and drawn on a bank located	amount: (All checks processed by this office must be payable in US in the United States)			
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing and Certificate of Status				
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2020

CHANTELLE WAITE VEIL LEGAL 1187 NORTH 1200 WEST SUITE 300 OREM, UT 84057

SUBJECT: 968 45TH STREET L.L.C.

Ref. Number: W20000033776

We have received your document for 968 45TH STREET L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 420A00007011

and AFR 21 PM 4: 28

FILED

## Articles of Conversion For "Other Business Entity" Into

2020 APR 21 PM 12: 53 SECRETARY OF STATE TALLAHASSEE, FL

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: 968 45TH STREET L.L.C.
(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.)
(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)
8/24/2009 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SOUTHLAKE REAL ESTATE INVESTMENTS L.L.C
(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.)
<u>Note:</u> 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.

Signed this day of _APRIL	20 <u></u>
6'	A 142 146 72
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Tole
Signature of Authorized Representative: What Formula Printed Name: Jeffrey D Foote	Title: Manager
· · · · · · · · · · · · · · · · · · ·	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
	- "
Signature: Whe Vive. Printed Name: Jeffrey D Foote	
Printed Name: Jeffrey D Foote	Title: Manager
Signature:	
Printed Name: Stephanie J Burns	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
	<del></del>
Signature:	
Printed Name:	Title:
· · · · · · · · · · · · · · · · · · ·	<del>-</del>
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	<u>,                                     </u>
All others:	
Signature of an authorized person.	
organist of an administrate person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$20.00 (())::
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. ARTÍCLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "E.L.C.")	
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7901 4th St N STE 300	PO Box 41	
St. Petersburg, FL 33702	Sausalito, CA 94966	
	_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	<b>(</b> 0 ≥
(The Limited Liability Company cannot serve as its own b	Registered Agent. You must designate an individual or another	2020 A SECT 17.
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent. You must designate an individual or another registered agent are:	2020 APR : SECRET
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the r	Registered Agent. You must designate an individual or another registered agent are:	2020 APR 21 SECRETARY TALLAHA
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the r	Registered Agent. You must designate an individual or another registered agent are:  ne.  Name	2020 APR 21 PH SECRETARY OF TALLAHASSE
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the r  Registered Agents It	Registered Agent. You must designate an individual or another registered agent are:  ne.  Name	2020 APR 21 PH 12: 5 SECRETARY OF ST TALLAHASSEE, I
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the r  Registered Agents It	Registered Agent. You must designate an individual or another registered agent are:  nc.  Name 300	2020 APR 21 PH 12: 53 SECRETARY OF STATE SECRETARY OF STATE

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.

(CONTINUED)

Registered Agents Inc.
Bill Havre - Assistant Secretary
Registered Agent's Signature (REQUIRED)

JEFFREY D FOOTE

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
WOK - Wanager	
MGR	Jeffrey D Foote
	PO Box 41 Sausalito, CA 94966
	Sausano, CA 94900
MGR	Stephanie J Burns
	PO Box 41
	Sausalito, CA 94966
	PO Box 41 Sausalito, CA 94966 LAHASY OF S
	<del></del>
(Has attachment if managemy)	TA .
(Use attachment if necessary)	, H
ARTICLE V: Other provisions, if any.	
	s make non-pro rata distributions, those distributions shall be
	ers/Managers Capital Account (and/or Drawing Account) at
the end of the LLCs fiscal year.	
REQUIRED SIGNATURE:	
11//	11777
——————————————————————————————————————	<i>()</i> / <i>()</i> / <i>()</i>
5 / / 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 docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felony
as provided for in \$.817.155, r.5.	

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)