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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document inlumber)
Certified Copies Certificates of Status
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

8/5/2020

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EQUESTRIAN PRO	PERTY INVEST	MENTS
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Certified: ✓ Plain: COGS:		
	13150441 Country Number Certified: Plain: COGS: Amount: \$ 180	Country of Destination: Number of Certs: Certified: Plain: COGS:

COVER LETTER

TO: New Filing Section					
Division of Corpo	orations				
SUBJECT: Equestrian	Property Investme	nts, LLC		<u> </u>	
	(Name of Res	ulting Florida Limited	Company)		
The enclosed Articles of Business Entity" into a "	Conversion, Articl Florida Limited Li	les of Organization ability Company"	i, and fees are in accordanc	e submitted to co e with s. 605.104	onvert an "Other 45, F.S.
Please return all correspo	ondence concerning	g this matter to:			
((Contact Person)				
(H	Firm/Company)				
	(Address)				
(City.	State and Zip Code)				
E-mail Address: (to be us	ed for future annual re	port notifications)			
For further information of	concerning this ma	tter, please call:			
		at ()			
(Name of Contact P	'erson)	(Area Code)	(Daytime Tele	phone Number)	
Enclosed is a check for to dollars and drawn on a b	the following amou bank located in the	int: (All checks pr United States)	ocessed by th	nis office must be	e payable in US
(\$25 for Conversion ar	1\$155.00 Filing Fees and Certificate of latus	D \$180.00 Filing I	Certifie	6.00 Filing Fees, ed Copy, and eate of Status	
Mailing Addres New Filing Sect Division of Corp P.O. Box 6327	ion	Ī	Street Addre New Filing So Division of C The Centre of	ection	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:
Equestrian Property Investments, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(Emer 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 February 22, 2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Equestrian Property Investments, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: August 5, 2020. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
of the effective date. Calmot be prior to date of receipt of the and the state of t
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.



Signed this 4th day of August	_ 20 <u>20</u> .
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: Nicolas D. Calle Ward	Title: Manager
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)
Signature:Printed Name: Nicolas D. Calle	Title: Director
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Equestrian Property Investment		
(Must contain the wor	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		_
The mailing address and street a	lress of the principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
12917 MIZNER WAY	12917 MIZNER WAY	
WELLINGTON, FL 33414	WELLINGTON, FL 33414	
(The Limited Liability Company cannot se business entity with an active Florida regi	nt, Registered Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or another ration.) ddress of the registered agent are:	
(The Limited Liability Company cannot se business entity with an active Florida region The name and the Florida street	e as its own Registered Agent. You must designate an individual or another ration.) Iddress of the registered agent are: ation System	
(The Limited Liability Company cannot se business entity with an active Florida region The name and the Florida street	e as its own Registered Agent. You must designate an individual or another ration.) Iddress of the registered agent are:	
(The Limited Liability Company cannot se business entity with an active Florida region The name and the Florida street CT Corporation	e as its own Registered Agent. You must designate an individual or another ration.) Iddress of the registered agent are: ation System	
The Limited Liability Company cannot se business entity with an active Florida region. The name and the Florida street. CT Corporation 1200 S. Pi	as its own Registered Agent. You must designate an individual or another ration.) Iddress of the registered agent are: ation System Name	
(The Limited Liability Company cannot se business entity with an active Florida region The name and the Florida street CT Corporation 1200 S. Pi	as its own Registered Agent. You must designate an individual or another ration.) Iddress of the registered agent are: ation System Name 2 Island Road 1 address (P.O. Box NOT acceptable) FL. 33324	
The name and the Florida street CT Corpo 1200 S. Pi Florida street	e as its own Registered Agent. You must designate an individual or another ration.) Iddress of the registered agent are: ation System Name Usland Road	

Registered Agent's Signature (REQUIRED)

Madonna Cuddihy, Assistant Secretary

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Nicolas D. Calle Ward
MGR	12917 Mizner Way
	Wellington, FL 33414
(Use attachment if necessary)	
(020 11.110111111111111111111111111111111	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
•	
•	
REQUIRED SIGNATURE:	
Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fellows.
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	