L20000-235359

(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:
j
P 112329

Office Use Only



400350271724

2020 AUG 13 PM 1: 05

WE OF IVED

SECRETARY OF STATI

N CULLIGAN

CT CORP

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

D	08/13/2020 Acc#120160000072	
	Acc#I20160000072	
Name:	Parrot Cay, Inc.	
Document #:		
Order #:	13164726	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Filing: 🗸	Certified: ✓ Plain: COGS:	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 180.00	

Thank you!

FILED

2020 AUG 13 AM11: 59

Articles of Conversion
For

"Other Business Entity"

(Florida Corporation)

SECRETARY OF STATE TALLAHASSEE, FL

Into
Florida Limited Liability Company

These 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 Section 605.1045, Florida Statutes.

- 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: PARROT CAY, INC. (a Florida corporation, Document Number: P00000112329).
- 2. The "Other Business Entity" is a corporation first organized and formed under the laws of the State of Florida on December 7, 2000.
- 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: PARROT CAY ENTERPRISES, LLC.
 - 4. The effective date of the conversion is August 13, 2020.
- 5. The Plan of Conversion, whereby PARROT CAY, INC. is converted into PARROT CAY ENTERPRISES, LLC, has been approved in accordance with all applicable Florida Statutes.

[Remainder of page intentionally left blank: signature page follows]

Signed effective as of the 12th day of August ... 2020.

Signature of Authorized Representative of Florida Limited Liability Company:

PARROT CAY ENTERPRISES, LLC, a Florida limited liability company

Name: Thomas Avallone

Title: Authorized Representative

Signature on behalf of Other Business Entity:

PARROT CAY, INC., a Florida corporation

Name: Thomas Avallone

Title: President

FILED

ARTICLES OF ORGANIZATION 2020 AUG 13 PM 12: 00 FOR FLORIDA LIMITED LIABILITY COMPANY OF STATE TALLAHASSEE, FL

ARTICLE I Name

The name of this Limited Liability Company is:

PARROT CAY ENTERPRISES, LLC

ARTICLE II Address

The mailing address and the street address of the principal office of this Limited Liability Company is:

4700 Millenia Blvd., Suite 400 Orlando, FL 32839

ARTICLE III Effective Date

The effective date of these Articles of Organization is August 13, 2020.

ARTICLE IV Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE V Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company are as follows:

Name Street Address

Thomas Avallone 4700 Millenia Blvd., Suite 400
Orlando, FL 32839

ARTICLE VI Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Neukamm 301 E. Pine Street, Suite 1400 Orlando, FL 32839

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs 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

DER AUG 13 PH 12: 00 SECRETARY OF STATE TALLAHASSEE, FL

AUTHORIZED REPRESENTATIVE'S SIGNATURE

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

THOMAS AVALLONE, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

FILING FIES: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)