L2000 259989

(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:
W20-86583

Office Use Only



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07/27/20--01021--021 **150.00

2020 AUG 25 AM 1:56

11/11



August 7, 2020

MICHAEL L. MAPLE 121 S. SEVENTH ST., FOURTH FLOOR LOUISVILLE, KY 40202

SUBJECT: BV LOT 2, LLC Ref. Number: W20000086583

We have received your document for BV LOT 2, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

KYLE D BRUMBLEY Regulatory Specialist II

2020 AUG 25 A

Letter Number: 920A00014921

DO DOY COOR Millian Divide 200

COVER LETTER

SUBJECT: BV LOT	2, LLC				
	(Name of Res	sulting Florida L	imited Cor	mpany)	_
		_		nd fees are submitted to accordance with s. 605	
Please return all corr	espondence concernin	g this matter t	o:		
MICHAEL L. MAPLE		h			
MAPLE & ASSOCIATE	(Contact Person)	·			
	(Firm/Company)				
121 South Seventh Str	reet, Fourth Floor				
	(Address)	_			
Louisville, KY 40202					
((City, State and Zip Code)				
maple@bluegrass.net					
E-mail Address: (to b	e used for future annual re	port notification	s)		
For further informati	on concerning this ma	tter, please ca	H:		
Michael L. Maple		_at (767-	4788	
(Name of Conta	act Person)	(Area Co	ode) (Da	ytime Telephone Number)	_
	or the following amou a bank located in the		•	sed by this office must	· · · · · · · · · · · · · · · · · · ·
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fit and Certified		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	PILE AUG 25 AM
Mailing Address:				et Address:	
New Filing S				Filing Section	1:56 1:56
Division of C P.O. Box 632				sion of Corporations Centre of Tallahassee	O1
Tallahassee, l				N. Monroe Street, Sui	ite 810
				hassee, FL 32303	

TO: New Filing Section Division of Corporations

Articles of Conversion

For

"Other Business Entity"

Into

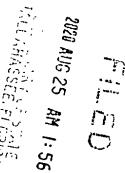
Florida Limited Liability Company

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.

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
August 8, 2002 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:
BV Lot 2, LŁC
(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.
5. The plan of conversion has been approved in accordance with an applicable santales.
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 July 2020	20
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: Garey D. Higdon, Sr.	Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature:	5./
Signature: Printed Name: Garey D. Higdon, St.	Title: Manager
Signature:Printed Name:	Title:
Signature:Printed Name:	Tido
Printed Name:	1 ruc
Signature:	
Printed Name:	Title:
Cimatura	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an It	ncorporator must sign.
If Florida General Partnership or Limited Liabil	lity Partnershin:
Signature of one General Partner.	nty I decision.
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	<u>ity Limited Partnership:</u>
All others: Signature of an authorized person.	
organitie of an authorized person.	
Fees:	1

Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ility Company, "L. L. C.," or "LLC.") principal office of the Limited Liability Company is: Mailing Address: Post Office Box 9945 Longboat Key, FL 34228 ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: ne O. Box NOT acceptable)
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e registered agent are: O. Box NOT acceptable)
O. Box NOT acceptable)
O. Box NOT acceptable)
FL 34285
Zip
to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S
NUED)

ARTICLE IV-

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

"MGR" = Manager MGR Garey D. Higdon, Sr. Post Office Box 9945 Longboat Key, FL 34228 (Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 the	WGR Garey D. Higdon, Sr. Post Office Box 9945 Longboat Key, FL 34228 Use attachment if necessary) Use attachment if necessary) EV: Other provisions, if any. 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 tha any false information submitted in a document to the Department of State constitutes a third degree felor	Title:	Name and Address:
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as provided for in s.817.155, F.S.	as provided for in s.817.155, F.S.		
	Garey D. Hindon, Sr.	This document is executed in accordance	e with section 605,0203 (1) (b), Florida Statutes, I am aware tha

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)