# 120000354078

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	<u> </u>
(Cı	ty/State/Zip/Phone #	<del>(</del> )
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
(Do	ocument Number)	
rtified Copies	Certificates of	of Status
pecial Instructions to	Filing Officer	

Office Use Only



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# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/17/20

NAME:

ROBERT SCOT BUILDING VENTURE LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE Chhie Hodge

## **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:  Robert Scot Building Venture LLC
(Enter Name of Other Business Entity)
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 [Hinois (Enter state, or if a non-U.S. entity, the name of the country)
September 11, 2006
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Robert Scot Building Venture 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.

Signed this 12 day of November	20_242
Circums of Authorized Representative of Limits	d Liability Company:
Signature of Authorized Representative:  Printed Name: Robert Harris	Total
Signature of Authorized Representative:	Title: Manager
Printed Name: Robert Harris	Title: manage
Signature: Signature:	
Signature:	Title: Manager
Printed Name: Robert Harris	1100.
-1	
Signature:Printed Name:	Title:
Printed Name:	
Signature: Printed Name:	Title:
Printed Name:	
Ci_abum	
Signature:Printed Name:	Title:
Printed Name	
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Time Marie	
If Florida Corporation:	Minor
Signature of Chairman, Vice Chairman, Director, or C	mostor must sign.
If Directors or Officers have not been selected, an Inc	orporator must sign.
	. De te out birt
If Florida General Partnership or Limited Liability Signature of one General Partner.	A Litture surp.
•	w
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	A Pimited Lauretship.
All others: Signature of an authorized person.	
Fees:	
<del></del> -	<b>\$</b> 25.00
Articles of Conversion:	-
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

ARTICLE II - Address: The mailing address and stree		bility Company, "L.L.C.," or "LLC.")	
The mailing address and stree	t address of the	principal office of the Limited Li	
		; principal office of the Emitted Ei	iability Company is:
Principal Office Address:		Mailing Address:	
124 Golf Village Boulevard		124 Golf Village Boulevard	
Jupiter, Florida 33458		Jupiter, Florida 33458	
The name and the Florida stre	rris		2020 NOV
	Ni	ame	
	illage Boulevard		P 1
Florida s	treet address (1	P.O. Box NOT acceptable)	. ? E
Jupiter		FL 33458	32
<del> '</del>	City	Zip	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	N 1 A 3 3
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Robert Harris
	124 Golf Village Boulevard
	Jupiter, Florida 33458
	_
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
——————————————————————————————————————	
This document is executed in accordance any false information submitted in a doc	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware cument to the Department of State constitutes a third degree fe
as provided for in s.817.155, F.S.	
as provided for in s.817.133, r.3.	'yped or printed name of signee