# L20000380381

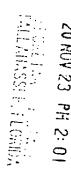
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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DEC 12 2020





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2020

JOSEPH MESSER MESSER STRICKLER, LTD. 225 W WASHINGTON STREET, STE. 575 CHICAGO, IL 60606

SUBJECT: BETTER NOI, LLC Ref. Number: W20000113112

We have received your document for BETTER NOI, LLC and your check(s) totaling \$705.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section "Signature(s) on behalf of Other Business Enity: "in the Articles of Conversion. A signature is missing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 220A00019013

20 NOV 23 PM 2: 01

#### **COVER LETTER**

TO:	New Filing S Division of C					
CHR	JECT: BetterNo	OI, LLC				
301	JEC1	(Name of Re	sulting	Florida Limite	ed Con	npany)
				•		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this	matter to:		
Josep	oh Messer					
		(Contact Person)				
Mess	er Strickler, Ltd.					
		(Firm/Company)				
225 V	V Washington St	reet, Suite 575				
	_ <del></del>	(Address)	-			
Chica	ago, Illinois 60606	3				
		City, State and Zip Code)				
jmess	ser@messerstric	• • •				
——————————————————————————————————————	mail Address: (to b	oe used for future annual re	port no	otifications)		
For fi	urther informati	on concerning this ma	tter, p	lease call:		
Josep	oh Messer		at (	312	334-	3440
	(Name of Conta	act Person)			(Day	time Telephone Number)
		for the following amou a bank located in the			ocess	sed by this office must be payable in US
(\$25 fc & \$12.	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filing I Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations		ī I	New I Divisi	Address: Filing Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:  BetterNOI, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability corporation
(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)
December 26, 2014 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:
BetterNOI, 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 20th day of October	20_20			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Printed Name: Timothy Fortner, Trustee	Title: Manager			
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: Printed Name: Timothy Fortner, Trustee	Title: Manager		•	
Signature:Printed Name;	,			
Signature:Printed Name:				
		•		
Signature:Printed Name:	Title:	,		
Signature: Printed Name:	Title:			
Signature: Printed Name:				
If Florida Corporation:	·		••	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.	<u>京</u> (.	2(	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	LABAS!	20 NOV 2	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		3 PH 2	í
All others: Signature of an authorized person.			11 2: 01	
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

ARTICLE I - Name: The name of the Limited Liability Company is:	
BetterNOI, LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2900 Monarch Lakes Blvd.	2900 Monarch Lakes Blvd.
Suite 201	Sulte 201
Miramar, Florida 33027	Miramar, Florida 33027
The name and the Florida street address of the re  Messer Strickler, Ltd.	
Name	
12276 San Jose Blvd., Suite 7	18
Florida street address (P.O.	Box NOT acceptable)
Jackson	FL 32223
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa (CONTINE	ZO NO

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager MGR	Timothy J. Fortner, as Trustee 2900 Monarch Lakes Blvd., Suite 201				
	Miramar, Florida 33027				
·					
	20 N				
	NOV 23				
(Use attachment if necessary)	Service Servic				
TICLE V: Other provisions, if any.	7. <b>2: 1</b>				

### 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 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.

Timothy J. Fortner, as Trustee under the Living Trust u/a/d 12/22/16

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)