L2000387379

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Lemon 6	Bay Resort, L.L.C.			
SUBJECT:		ulting Florida Limite	ed Con	npany)
		-		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
Rana M. Gorzeck				
·	(Contact Person)	_		
Ward Damon, PL				
	(Firm/Company)			
4420 Beacon Circle				
	(Address)			
West Palm Beach				
	City, State and Zip Code)			
rgorzeck@warddamor	•			
	oe used for future annual re	port notifications)		
·		-		
For further informati	on concerning this ma	tter, please call:		
Rana Gorzeck		at (⁵⁶¹	1	-3000
(Name of Conta	ict Person)	(Area Code)	(Day	vtime Telephone Number)
	for the following amou a bank located in the	•	roces	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing S	ection			Filing Section
Division of C P.O. Box 632	' - '			ion of Corporations Centre of Tallahassee
1°.U. DUX 032	- /		THUL	Jennie of Tahanassee

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 <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.

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.

20 DEC -9 PH 1: 1

Signed this 2nd day of December	_20_ <i>&O</i>			
Signature of Authorized Representative of Limit	ed Liability Company:			
Signature of Authorized Representative:Printed Name: Ryan Sansone	Title: Manager			
Signature(s) on behalf of Other Business Entity:				
Signature:	Title: Manager			
Signature:Printed Name:				
Signature:Printed Name:	Title:			
Signature:Printed Name:	_Title:			
Signature:Printed Name:				
Signature:Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	- :	6)	
All others: Signature of an authorized person.			20 DEC -	
Fees:			9 PH	177
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TORBA		.,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

y Company i	s:	
Js "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
ldress of the	principal office of the Limited	d Liability Company is:
	Mailing Address:	
	4420 Beacon Circle	
	West Palm Beach, FL 3340	
nddress of the	•	
a		
_	O. Boy NOT acceptable)	
	<u> </u>	
City	Zip	
re designated oct in this cape and complete position as read Agent's Si	in this certificate, I hereby accacity. I further agree to complete performance of my duties, as registered agent as provided for a provided	cept the appointment as ly with the provisions of al nd I am familiar with and
	Is "Limited Liability Idress of the Idress (Pach City Idress of Agent and complete position as its Agent's Sidagent's Sidagen	### ### ##############################

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager MGR	Ryan Sansone	
MGR	Leon R. Watts	
(Use attachment if necessary)	20 DEC	
ARTICLE V: Other provisions, if any.	19	
REQUIRED SIGNATURE:	<u> </u>	

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.

Ryan Sansone, Manager

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)