# 1210000/0093

(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:

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T. SCOTT



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10:	Division of C		<b>*</b>		\$
SHRI	ECT: Madrid3A	\ LLC			
ЗОВ	LC1	(Name of Res	ulting Florida Limit	ed Con	npany)
			•		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:		
James	F. MOrey				
		(Contact Person)		•	
Bond S	Schoeneck & Kir	ng. PLLC			
		(Firm/Company)		•	
4001 T	amiami Trail N,	Suite 105			
		(Address)		•	
Naples	s, FL 34103				
	((	City, State and Zip Code)		-	
јтогеу	@bsk.com				
E-n	nail Address: (to b	e used for future annual re	port notifications)	-	
For fu	rther information	on concerning this ma	tter, please call:		
Jim Mo	orey		_at ( <sup>239</sup>	659-	3813
	(Name of Conta	ect Person)	(Area Code)	(Day	rtime Telephone Number)
		or the following amou a bank located in the	-	roces	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add	ress:		Stree	t Address:
	New Filing S	ection			Filing Section
	Division of C				ion of Corporations
	P.O. Box 632	. /		The C	Centre 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 <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 limited liability company	
(Enter entity type. Example: corporation, limited partnership, general partnership	, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	ntity, the name of the country)
December 18, 2017 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached	ed Articles of Organization:
Madrid3a, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:  (The effective date: Connect be prior to date of receipt or filed date nor more	
(The effective date: Cannot be prior to date of receipt or filed date nor more 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 document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable sta	atutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S	
	2002
	- O
	$\sim \omega$
	FILE( 2020 DEC 30 P

Signed this 29th day of <u>Meember</u>	20 20
Signature of Authorized Representative of Limi	ted Liability Company:
	Donelled
Signature of Authorized Representative:	Tit Autoired Barrettine
Printed Name: James F Morey	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
	Title: Authorized Representative
Printed Name: James F Morey	Title: Authorized Representative
Simulation	
Signature:	Tial
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title
Printed Name:	1 Itic
Signature:	
Signature:Printed Name:	Title
rimed Name.	
Signature:	
Printed Name:	Title
Timed Paine.	
Signature:	
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion	\$25.00
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

ARTICLE I - 1	Name:		
The name of th	e Limited Liability Comp	pany is:	
Madrid3A, LLC			
	(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing ad		of the principal office of the Limited	l Liability Company is:
Principal Offic	ce Address:	Mailing Address:	
301 East Main S	Street		
Union MO 63084	4		
			<del></del>
(The Limited Liabili business entity with	ity Company cannot serve as its of han active Florida registration.)	gistered Office, & Registered Age: own Registered Agent. You must designate an in of the registered agent are:	
	James F Morey		
		Name	8 m
	4001 Tamiami Trail N	, Suite 105	고 D
	Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	· · · · · · · · · · · · · · · · · · ·
	Naples	FL <sup>34103</sup>	<u> </u>
	City	Zip	
liability co registered ag statutes relo	ompany at the place desig ent and agree to act in th ating to the proper and co	nt and to accept service of process for mated in this certificate, I hereby accept scapacity. I further agree to comply omplete performance of my duties, and on as registered agent as provided for the Signature (BECHIPER)	ept the appointment as y with the provisions of all d I am familiar with and

(CONTINUED)

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	Edward E. Williams			
<del></del>	160 S. Mason Road			
	Creve Coeur, Missouri 63141			
<del></del>				
(Use attachment if necessary)				
<b>3</b> ,				
CLE V: Other provisions, if any.				
CEE V. Other provisions, if any.				
<del></del>				
	<del></del>			
DECLUDED OLONIA TUDE	_			
REQUIRED SIGNATURE:				
( ).20	Thoras			
· WW	1000-			
	/ )			
Signature of a member of	r an authorized répresentative of a member			
This document is executed in accordance	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the			
any false information submitted in a doc	cument to the Department of State constitutes a third degree felo			
as provided for in s.817.155, F.S.				
James F. Morey				
	yped or printed name of signee			
ı	••			
	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)