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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	





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12/29/28--01036--004 **150.00





COVER LETTER

Division of Co		•			
SUBJECT: HTI Inves					
	(Name of Res	ulting Florida Limi	ted Com	pany)	
				d fees are submitted to conve cordance with s. 605.1045, F	
Please return all corre	spondence concerning	g this matter to:			
Jessica M. Lund			_		
	(Contact Person)				
Hulsey, Oliver & Mahar			_		
	(Firm/Company)				
P.O. Box 1457					
	(Address)		=		
Gainesville, Georgia 30	503				
	ity. State and Zip Code)				
jml@homlaw.com E-mail Address: (to be	used for future annual rej	port notifications)	-		
For further informatio					
Jessica M Lund		at (770) 532-6	3312	
(Name of Contac	t Person)	_ \		time Telephone Number)	
Enclosed is a check fo dollars and drawn on a	_	-	orocess	ed by this office must be pay	able in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	202000
Mailing Addr				Address:	80
New Filing Se				Filing Section	
Division of Co P.O. Box 6327	•			on of Corporations entre of Tallahassee	. 1
Tallahassee, F				entre of Tallanassee N. Monroe Street, Suite 81.0	<u>လ</u> ထိ
runanassee, I				assee, FL 32303	क्र

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.

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Con HTI Investments, LLC	version is:
The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: (Enter Name of Other Business Entity) The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) (Enter state, or if a non-U.S. entity, the name of the country) (Business Entity) (Enter state, or if a non-U.S. entity, the name of the country) (Enter state, or if a non-U.S. entity, the name of the country) (Enter Name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Enter Name of Florida Limited Liability Company) (Enter Name of Florida Limited Liability Company)	
2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or bu	siness trust, etc.)
First organized, formed or incorporated under the laws of Georgia	
(Enter state, or it a non-U.S. entity, the name of the	e country)
on 03/20/2007 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or	rganization:
HTI Investments, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 12/31/2020	er davs after
the date this document is filed by the Florida Department of State.)	·
5. The plan of conversion has been approved in accordance with all applicable statutes.	
which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	
	; -a

Signed this 27th day of December	20 <u>20</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: Attorney in fact
Signature(s) on behalf of Other Business Entity:	
Signature: <u>AM & M LUNA</u> Printed Name: <u>Jessica M. Lund</u>	
Printed Name: <u>Jessica M. Lund</u>	Title: Attorney in fact
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	701
Printed Name:	
Signature: Printed Name:	Tr'. I
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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	3:	
HTI Investments, LLC		
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the particle.	orincipal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
981 Northshore Drive	981 Northshore Drive	
Miramar Beach, FL 32550	Miramar Beach, FL 32550	
business entity with an active Florida registration.) The name and the Florida street address of the Corporation Service Compar Nam 1201 Hays Street Florida street address (P.0)	ny ne	
Tallahassee	FL 32301	
City	Zip	
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as reaccept the Registered Agent's Signature.	in this certificate, I hereby acc city. I further agree to compl performance of my duties, an egistered agent as provided for	cept the appointment as ly with the provisions of all nd I am familiar with and
(CONTIN	NUED)	7 , 2

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			
AMBR	HTI Holdings RG, LLC		
	6491 Stewart Road		
	Barhamsville, VA 23011	_	
AMBR	TD5 Healthcare, LLC		
, who is	981 Northshore Drive		
	Miramar Beach, FL 32550	_	
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(Use attachment if necessary)		:	
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ICLE V: Other provisions, if any.		رز	
<u>REQUIRED</u> SIGNATURE:			
Office m Lur	d Attorney in fact		

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.

Jessica M. Lund

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)