L21000119486

(Requestor's Name)
(Address)
· · · ·
(Address)
(City/State/Zip/Phone #)
(64)/55555
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chury Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100360499961

02/23/21--01028--007 **150.00

293 FED 23 FT N: 5

1/

COVER LETTER

то:	New Filing Son Division of C						
OI ID	. .	Joint Venture, L.L.C.					
SOR	JECT: Days Inn		ultin	g Florida Limi	ited Con	mpany)	
Busin	ness Entity" into	a "Florida Limited Li	abili	ity Compan		nd fees are submitted to convert an "Oth coordance with s. 605.1045, F.S.	er
Pleas	e return all corr	espondence concernin	g thi	s matter to:			
Paul	Arrington					·~	
		(Contact Person)			-	2:21 FF?	1
_		(Firm/Company)			_	17 19 12	
930 F	(ehrs Mill Road, #	1 213				- m	ı
		(Address)					
Ballw	in, MO 63011					#: '다	
	((City, State and Zip Code)			_	0	
paula	rrington@sbcglot	pal.net			_		
E-	mail Address: (to b	e used for future annual re	port r	notifications)			
For f	urther informati	on concerning this ma	tter,	please call:			
Paul .	Arrington		at	(636	299-0	0422	
	(Name of Conta	ict Person)		(Area Code) (Day	ytime Telephone Number)	
		or the following amou			process	sed by this office must be payable in US	3
(\$25 f	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing d Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

FII FF1 773 FE1 23 PIL 4:50

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Days Inn Joint Venture, L.L.C. M.Z. 00660 04931
(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.)
(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)
April 18, 2016 on
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:
Days Inn Joint Venture, L.L.C.
(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 /2 day of February	20 <u>_21</u>
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative: Printed Name: Joseph M. Hurwitz	Title: Manager
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]
Signature: Printed Name: Joseph M. Hurwitz	Title; Manager
Signature: Printed Name: Mary R. Hurwitz	The Manager
	Title: Manager
Signature: Printed Name:	Title:
Signature:	Til
Printed Name:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, an	or Officer. Incorporator must sign.
If Florida General Partnership or Limited Liab Signature of one General Partner.	ility Partnership:
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity 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

Days Inn Joint Ve	enture. L.L.C.		
		iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		ne principal office of the Limited Liab	bility Co
Principal Offic	ce Address:	Mailing Address:	
One Lawrnece S	Square	One Lawrence Square	
Springfield, IL 62		Springfield, IL 62704	
The Limited Liabilit	ty Company cannot serve as its own	ered Office, & Registered Agent's S	Signatu
business entity with	ty Company cannot serve as its own an active Florida registration.)	ered Office, & Registered Agent's S Registered Agent. You must designate an individu	Signatu
business entity with	ty Company cannot serve as its own an active Florida registration.) he Florida street address of	ered Office, & Registered Agent's S Registered Agent. You must designate an individu	Signatui ual or anoth
business entity with	ty Company cannot serve as its own an active Florida registration.) he Florida street address of C T Corporation System	ered Office, & Registered Agent's S Registered Agent. You must designate an individu	Signatulual or anoth
business entity with	ty Company cannot serve as its own an active Florida registration.) he Florida street address of C T Corporation System	ered Office, & Registered Agent's S Registered Agent. You must designate an individu the registered agent are:	Signatui ual or anoth
business entity with	ty Company cannot serve as its own an active Florida registration.) he Florida street address of C T Corporation System 1200 South Pine Island R	ered Office, & Registered Agent's S Registered Agent. You must designate an individu the registered agent are:	Signatu ual or anoth
business entity with	ty Company cannot serve as its own an active Florida registration.) he Florida street address of C T Corporation System 1200 South Pine Island R	ered Office, & Registered Agent's Sered Agent's Seregistered Agent. You must designate an individuate the registered agent are:	Signatu ual or anoth

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

as provided for in s.817.155, F.S.

Joseph M. Hurwitz

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Joseph M. Hurwitz One Lawrence Square Springfield, II 62704
MGR	Mary R. Hurwitz One Lawrence Square
	Springfield, IL 62704
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
ignature of a member or	an authorized representative of a member

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)





John R. Ashcroft Secretary of State

CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Days Inn Joint Venture, L.L.C. £C001488541

A Missouri entity was created under the laws of this State on 4/18/2016, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 10th day of February, 2021.

Secretary of State

Certification Number: CERT-IN58042





After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.

2. Fold the printed page along the horizontal line.

3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery,misdelivery,or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim.Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental,consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss.Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

IQT i∋at nuiti

. ; (