# Ld1000 241586

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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### **COVER LETTER**

TO:	New Filing S Division of C						
SLIR.	IFCT: AUSTIN	CLAY APARTMENTS, I	LC				
SOD		(Name of Res	ulting Florida Limit	ed Con	npany)	=	
					d fees are submitted to cocordance with s. 605.10		ı "Othe
Pleas	e return all corr	respondence concernin	g this matter to:				
SAMI	JEL G. CARNEA	.L					2
	-	(Contact Person)		•			121
GESS	MATTINGLY &	ATCHISON, P.S.C.					2021 APK 28
		(Firm/Company)		-		ć 3.	33
201 V	VEST SHORT S	T., STE. 102					···································
		(Address)		-		` .	·,
LEXII	NGTON, KENTU	CKY 40507					 
	(	City, State and Zip Code)		-			
SCAF	RNEAL@GMALA	W.COM					
E-:	mail Address: (to b	oe used for future annual re	port notifications)	_			
For fi	urther informati	ion concerning this ma	tter, please call:				
SAMU	JEL G. CARNEA	.L	_at ( <u>859</u>	252-9	9000		
	(Name of Cont	act Person)	(Area Code)	(Day	etime Telephone Number)	_	
		for the following amou a bank located in the	· ·	process	sed by this office must b	e payable	: in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite	810	

Tallahassee, FL 32303

#### **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 AUSTIN CLAY APARTMENTS, LLC	of Convers	ion is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a		
(Enter entity type. Example: corporation, limited partnership, general partnership, common l	aw or busines	s trust, etc.)
First organized, formed or incorporated under the laws of		
(Enter state, or it a non-U.S. entity, the na	ime of the cou	intry)
AUGUST 1, 2017 on		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Article	es of Organ	ization:
AUSTIN CLAY APARTMENTS, 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 of 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 we 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	rights the a	
	*1	2021
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# **Articles of Conversion**

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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 AUSTIN CLAY APARTMENTS. LLC	Articles of Conversion is:
(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	ole de la companya de
AUGUST 1, 2017 on	itty, the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attache	d Articles of Organization:
RADCLIFF SQUARE PROPERTY II, LLC	
(Enter Name of Florida Limited Liability Company)	<del></del> -
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 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	tutes.
<ol> <li>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.</li> </ol>	appraisal rights the amount to

Signature of one General Partner.

## If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

#### All others:

Signature of an authorized person.

Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 2021 APr. 28 H: 1:

#### **NY**

ARTICLE I - Name: The name of the Limited Liability Compan	ıy is:
AUSTIN CLAY APARTMENTS, LLC	
(Must contain the words "Limited I.	dability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	he principal office of the Limited Liability Company is:
<del>-</del>	
Principal Office Address:	Mailing Address:
466 4TH AVE N	466 4TH AVE N
NAPLES, FLORIDA 34102	NAPLES, FLORIDA 34102
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
JOSEPH L. MARKHAM	
ì	Name
466 4TH AVE. N	
	(P.O. Box NOT acceptable)
NAPLES	FL <sup>34102</sup>
City	Zip

d 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-

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

"AMBR" = Authorized Member "MGR" = Manager		
MGR — Manager MGR	JOSEPH L. MARKHAM	
	466 4TH AVE N	
	NAPLES, FL 34102	
	•	
		•
		<u> </u>
·		- 1
	<del></del>	
	<del></del>	
(Use attachment if necessary)		
`		
LE V: Other provisions, if any.		

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.

SAMUEL G. CARNEAL, AUTHORIZED REPRESENTATIVE

**REQUIRED SIGNATURE:** 

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)

# Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication number: 245867

Visit <a href="https://web.sos.ky.gov/ftshow/certvalidate.aspx">https://web.sos.ky.gov/ftshow/certvalidate.aspx</a> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

#### **AUSTIN CLAY APARTMENTS, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 1, 2017 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27<sup>th</sup> day of April, 2021, in the 229<sup>th</sup> year of the Commonwealth.

CHAITH OF REAL PROPERTY OF THE PARTY OF THE

Michael G. aldam

Michael G. Adams Secretary of State Commonwealth of Kentucky 245867/0992560