L21000298955

(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

Office Use Only



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06/28/21--01007--007 **180.00

THE PERMISSION STATE

3 AMH: 532021 JUN 28 PH 2:





Filing Cover Sheet

To: Florida Division of Corporations	
From: TAYLOR SEAY C/O Capitol Services, Inc.	
Date: 6/28/2021	
Trans#: 1199457	
Entity Name: 1112 DEVELOPMENT, LL	C (WY) CONVERTING INTO 1112 DEVELOPMENT,
Articles Incorporation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (X)	Fictitious Name ()
Foreign Qualification ()	Fictitious Name () Limited Liability () Merger ()
Limited Partnership ()	•
Reinstatement ()	Merger () Withdrawal / Cancellation ()
Other ()	
STATE FEES PREPAID WITH CHECK#2254	FOR \$180.00
PLEASE RETURN:	
Certified Copy (XX) Plain Ph	notocopy ()
Good Standing () Certif	ficate of Fact ()

Phone: 855-498-5500

COVER LETTER

TO: New Filing S	Section Corporations				
1440 5	EVELOPMENT, LLC				
SUBJECT: 1112 U		ulting Florida Lim	ted Con	npany)	
Business Entity" int		ability Compan		d fees are submitted to con coordance with s. 605.1045	
JOSEPH M. LANDOL	LFI, JR.				
	(Contact Person)	 ·	-		
SHAPIRO, BLASI, W	ASSERMAN & HERMAN	N, P.A.			
	(Firm/Company)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
7777 GLADES ROAL	D. SUITE 400				25
	(Address)		_		
BOCA BATON EL 2					AM II: 54
BOCA RATON, FL 3			_		
JLANDOLFI@SBWH	(City, State and Zip Code)				£ 2.
	be used for future annual re				
E-man Address: (to	oc used for future annual re	port nottreations)			
For further information	tion concerning this ma	tter, please call:	•		
JOSEPH M. LANDO	LFI, JR.	_at (⁵⁶¹	477-	7800	
(Name of Con	itact Person)	(Area Code	c) (Da)	ytime Telephone Number)	
	for the following amount a bank located in the	•	proces	sed by this office must be p	payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Ad	dress:		Stree	et Address:	
New Filing	Section		New	Filing Section	
	Corporations			sion of Corporations	
P.O. Box 63	327		The	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 and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 12 DEVELOPMENT, LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general pertnership, common law or business trust, etc.)
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	st organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	10/02/2017
OI.	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
11	12 DEVELOPMENT, LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the current'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 23 day of April	20			
Signature of Authorized Representative of Limite	ed Liability Company:			
Signature of Authorized Representative: Printed Name: ANDREW B. BLASI, ESQ.	Title: AUTHORIZED REPRESENTATIV			
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]			
Signature: Mark of WW Zurr	Title: Munage			
Signature: Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors 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 ALL General Partners.	y Limited Partnership;			
All others: Signature of an authorized person.			2 8 21 J	n
Fees:		**	82 Mil 12	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	HINE I STATE	15÷11 ¥¥ 8	

ARTICLES OF ORGANIZATION FOR ARTICLE I - Name: The name of the Limited Liability Company				
1112 DEVELOPMENT LLC				
(Must contain the word, "Limited Li.	ability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited L	iability Company is:		
Principal Office Address:	Mailing Address:			
6001 Broken Sound Parkway NW	6001 Broken Sound Parkway	NW		
Suite 503	Suite 503			
Boca Raton, FL 33487	Boca Raton, FL 33487			
The name and the Florida street address of the Shapiro, Blasi, Wasserma				
The hame and the Florida sweet address of	rog.u.a. a.g.			
				
,	lame			
7777 Glades Road, Suite	400			
	P.O. Box NOT acceptable)			
Boca Raton	FL_33434			
City	Zip			
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp accept the obligations of my position of	ed in this certificate, I hereby accep apacity. I further agree to comply v Lete performance of my duties, and	ot the appointment as with the provisions of all I am familiar with and		
	Signature (REQUIRED) TINUED)	289 JUN 28 AM		
		D SIME		

A	D٦	TT (IV-
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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	DAVID BOWE SV
MGR	DAVID ROWLEY
	8310 BANPO BRIDGE WAY
	DELRAY BEACH, FL 33446
MGR	PINNACLE PROPERTY INVESTORS, LLC
	8310 BANPO BRIDGE WAY
	DELRAY BEACH, FL 33446
	
	€ ~ ∷
	2921 JUN 28
(Use attachment if necessary)	. 🚉 😥
(**************************************	All controls
	्रीती क्रम प्राप्त
FICLE V: Other provisions, if any.	······································
,	
REQUIRED SIGNATURE:	- Nai
Mary of the state	/ ₁ /\$[[
	
Signature of a member of	r an authorized representative of a member
Signature of a member of	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware that
document is carrette in according	se and agency contract (1) (a)! I toling project I dill garde didt

ANDREW B. BLASI, ESQ., AUTHORIZED REPRESENTATIVE

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

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)

any false information submitted in a document to the Department of State constitutes a third degree felony