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COVER LETTER

Division of Corporations	
SUBJECT: MALLORY FAM (Name of Re	NILY TNUESTORS, LLC sulting Florida Limited Company)
	eles of Organization, and fees are submitted to convert an "Other iability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
ERIC M. MALLE (Contact Person)	>RY
(Firm/Company)	
8993 ARREZO C	<u>-T</u>
NAPLES, FL 34	119
(City, State and Zip Code) ERICMALL @AOL.	<u>-</u> -
E-mail Address: (to be used for future annual re	
For further information concerning this ma	itter, please call:
ERIC MALLORY (Name of Contact Person)	_at (317) 489 - 725 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address:	Street Address:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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:
MALLORY FAMILY INVESTORS, LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
C 7012
on SEPTEMBER 5, 2012
(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
MALLORY FAMILY INVESTORS, LLC
(Enter Name of Florida Limited Liability Company)
Q 1 2021
4. If not effective on the date of filing, enter the effective date: 9-1-2021.
(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 6 The day of August	_ 20 <u> 2 1</u> .
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: ERICM, MALLORY	Title: PARTNERSHIP REPRESENTATIVE
Signature(s) on behalf of Other Business Entity:	
Signature: FRICM - MALLORY	Title: MANAGING MEMBER
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili	corporator must sign.
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	
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:

Mallory FAMILY To (Must contain the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability Contains the words "Linited Liability "Liability "Liability "Liability "Liability "Liability" "Liability "Liability" "Liability	ー NVESTO Company, "L.L.	es, LL C" or "LLC.")	<u> </u>	_	
ARTICLE II - Address:				·•	
The mailing address and street address of the prin	icipal office	of the Limite	d Liability C	Jompai	ny is:
Principal Office Address:	Mailing Ad	ldress:			
8993 ARREZO CT NAPLES, FL 34119	890 NAPO	3 ARREA	34119	- -	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)					
The name and the Florida street address of the reg	gistered ager	nt are:		-3	
ERIC M. N Name	NALLOS	۲ <u>۷</u>		ر د دور	*! <u>-</u> !
8993 ARREZO C			(; ;	
Florida street address (P.O. I		eceptable)		·5.7	
NAPLES City	FL.	34119		<u>بر</u> ش	
City		Zip			
Having been named as registered agent and to a	accept servic	e of process fo	or 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..

(CONTINUED)

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

0 4 3 4 5 1 1 1 1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
"AMBR" = Authorized Member	
"MGR" = Manager	ERIC M. MALLORY
MGR	
	8993 ARREZO CT
	NAPLES FL 34119
	
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(Use attachment if necessary)	
•	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	Ta Aullary
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the iment to the Department of State constitutes a third degree felo
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REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. ERIC Ty	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the ument to the Department of State constitutes a third degree feloward or printed name of signee

Indiana Department of Revenue

Eric J. Holcomb, Governor Bob Grennes, Commissioner

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MALLORY FAMILY INVESTORS LLC 216 1ST AVE NW CARMEL IN 46032-1720 FEIN 46-0777859 Letter ID L0001108065 Date Issued May 20, 2021

Letter of Good Standing

Dear Customer.

This certifies that all taxes due on the returns filed by MALLORY FAMILY INVESTORS LLC for the Indiana Adjusted Gross Income Tax, the Indiana Gross Retail/Use Tax, and all other listed taxes have been paid.

Any tax return submitted by MALLORY FAMILY INVESTORS LLC six to 12 weeks before the date on this letter is in process, and may not be available for certification. The amount of tax due on the return(s) referenced above is subject to verification by the Indiana Department of Revenue (DOR). If any discrepancy in income or sales or a deficiency in tax is found through this verification, an assessment will be made.

As of this date, any outstanding liability MALLORY FAMILY INVESTORS LLC may have is a proposed assessment that either may be, or has been validly protested, or is an assessment that is covered by a litigation hold. Such assessments are not a final determination of DOR, and DOR has ceased all collection efforts regarding the liability until such time as a final determination on the assessments is made by DOR.

If you have questions, you may contact us in one of three ways.

- Log in to the Indiana Taxpayer Information Management Engine (INTIME) to ask your question.
 - If you are not registered, create an online account by visiting https://intime.dor.in.gov. Select "Don't have a username? Create one" and follow the instructions to complete the process. You will need your taxpayer ID (FEIN, SSN, etc.) and the unique Letter ID, printed in the upper-right hand corner of this letter.
- You may also call us at (317) 232-5977, Monday through Friday, 8 a.m. to 4:30 p.m. EST
- Correspond with us via mail using the address listed above. Please include a copy of this letter with your correspondence.

Sincerely,

Indiana Department of Revenue

State of Indiana Office of the Secretary of State

Certificate of Domestication of

MALLORY FAMILY INVESTORS, LLC

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Domestication of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Sunday, June 06, 2021.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 06, 2021

HOLLI SULLIVAN
SECRETARY OF STATE

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To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch