

L21 00376234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

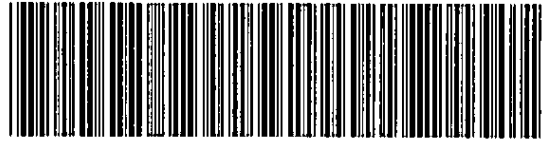
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/18/21--01019--003 **185.00

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2021 AUG 18 PM 12:35
TALLAHASSEE, FLORIDA

August 5, 2021

VIA FEDERAL EXPRESS OVERNIGHT DELIVERY TO:

Florida Department of State
PERSONAL AND CONFIDENTIAL
Attn: Matthew Moon
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: CENTER GROVE LLC

Dear Mr. Moon:

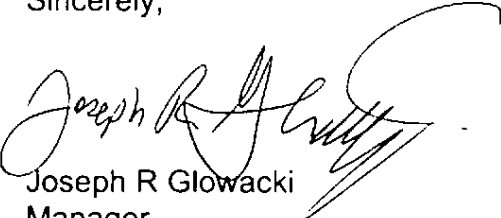
You will please find enclosed two copies of the following documents for the above-referenced limited liability company:

1. Division of Corporations Cover Letter;
2. Articles of Conversion to convert the NC LLC into a Florida LLC;
3. Articles of Organization for Florida LLC; and
4. A check in the amount of \$185.00 in in payment of your filing and certification fees.

Please file these documents as requested and forward the certified copies and Certificate of Status to our office via e-mail to the undersigned at: joey@ecbia.com. A prepaid return FedEx overnight envelope is also enclosed for your convenience for the return of the original documents.

Thank you for your assistance in this matter. Please do not hesitate to contact our office at (704) 682-8789 with any questions or issues regarding this filing request.

Sincerely,


Joseph R Glowacki
Manager

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TALLAHASSEE, FL 32303

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Center Grove LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

A. David Glasser
(Contact Person)
ECBIA LLC
(Firm/Company)
19 Tulip Lane
(Address)
Randolph, NJ 07869
(City, State and Zip Code)
david@ecbia.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

A. David Glasser at (917) 841-8294
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

| | | | |
|---|---|---|---|
| <input type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | <input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status | <input type="checkbox"/> \$180.00 Filing Fees and Certified Copy | <input checked="" type="checkbox"/> \$185.00 Filing Fees. Certified Copy, and Certificate of Status |
|---|---|---|---|

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Center Grove 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 partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of North Carolina
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/7/2020
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Center Grove 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 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.

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Signed this 20th day of July 2021

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Joseph R. Glowacki
Printed Name: Joseph R. Glowacki Title: Manager

Signature(s) on behalf of Other Business Entity: (See below for required signature(s))

Signature: Joseph R. Glowacki
Printed Name: ECBIA LLC by Joseph R. Glowacki Title: Manager

Signature: A. David Glasser
Printed Name: JACE Capital LLC by A. David Glasser Title: Manager

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

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 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Center Grove LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1180 SW 36th Ave., Suite 102
Pompano Beach, FL 33069

Mailing Address:

7901 4th St N, Ste 4000
St. Petersburg, FL 33702

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Registered Agents Inc.

Name

7901 4th St N, Ste 300

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg

FL 33702

City

Zip

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)

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TALLAHASSEE, FL 32301

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ECBIA LLC

19 TULIP LANE

RANDOLPH, NJ 07869

MGR

JACE CAPITAL LLC

321 BARBER LOOP

MOORSEVILLE, NC 28117

MGR

DIXON BRADBURY

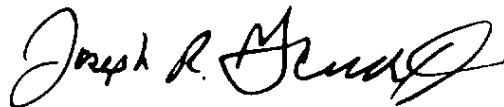
443 LORNA STREET

CHARLOTTE, NC 28205

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



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.

JOSEPH R. GLOWACKI, MANAGER OF MANAGER ECBIA LLC

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)

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