# L21000410463

(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



400369851394

2021 SEP 17 PM 12: 39

OLANGE SEPTOMATIONS

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 013410 4309487 AUTHORIZATION : COST LIMIT : ORDER DATE: September 17, 2021 ORDER TIME : 10:23 AM ORDER NO. : 013410-025 CUSTOMER NO: 4309487 DOMESTIC FILING NAME: BARON ASSOCIATES LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION/CONVERSION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

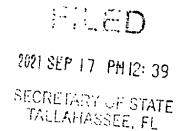
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

### **COVER LETTER**

TO:	New Filing S Division of C					
CHDI		BARON ASSOCIAT	TESTI	r		
SUBJ	IECT:	(Name of Re			nited Con	npany)
Busin	ess Entity" into		iability	y Compai	ny" in ac	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
	KATHY SACH	ELI				
-	<del>.</del>	(Contact Person)				
	DAY PITNEY L	LΡ				
		(Firm/Company)			_	
	263 TRESSER	BLVD.				
		(Address)	-		_	
	STAMFORD, 0	T 06001				
		City, State and Zip Code)			_	
	RICHLUB@AO	•				
E-n		e used for future annual re	port no	tifications)	_	
For fu	rther informati	on concerning this ma	tter, p	lease call	:	
	KATHY S	ACHELI	at (	203	) 977-	7308
	(Name of Conta	ict Person)		(Area Cod	e) (Day	time Telephone Number)
		for the following amou a bank located in the	•		process	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	S155.00 Filing Fees and Certificate of Status		80.00 Filin Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Adda New Filing So Division of C P.O. Box 632 Tallahassec, F	ection orporations 7			New I Divisi The C 2415 I	Address: Siling Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  BARON ASSOCIATES 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 <u>CONNECTICUT</u> (Enter state, or if a non-U.S. entity, the name of the country)
on NOVEMBER 12, 1999 (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BARON ASSOCIATES 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.

Signed this _	16th day of	SEPTEMBER	_ 20_21
Signature of	f Authorized Repres	entative of Limit	ted Liability Company:
Signature of	Authorized Penracon	tativa: My	Lat They
Printed Name	RICHARD K TUBI	IN	Title: MANAGER
Timod Ham		<u> </u>	THIC.
Signature(s)	on behalf of Other B	usiness Entity: [5	See below for required signature(s)]
<del>-</del>	·		, , ,
Signature: _			Ducks Then Title: MANAGER
Printed Name	: RICHARD K. LUBL	IN	Title: MANAGER
Sionature:			
Printed Name	2:		_ Title:
Signature: _			
Printed Name	:		_ Title:
Cianatana			
Drinted Name	<del></del> .		_ Title:
Timed Name			
Signature:			
Printed Name			Title:
Signature:			T'al.
Printed Name	·- <u></u>	<del></del>	_ Title:
If Florida Co	rporation:		
	Chairman, Vice Chairr	nan, Director, or C	Officer.
	r Officers have not bee		
	eneral Partnership or	Limited Liability	y Partnership:
Signature of c	one General Partner.		
If Florida Li	mited Partnership or	Limited Liability	y Limited Partnership:
	ALL General Partners		, similed t at the samp.
			•
All others:			
Signature of a	in authorized person.		
Fees:			
Articl	es of Conversion:		\$25.00
	for Florida Articles of	Organization:	\$125.00
	ied Copy:	- 15	\$30.00 (Optional)
	icate of Status:		\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ability Company, "L.I.,C.," or "LLC.")	
(iviusi contain the words. Enimed Ei	ability Company, 15.15.C., or LLC. )	
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limited Lia	ability Company is:
D. I. I. O. G		
Principal Office Address:	Mailing Address:	
1237 GORDON RIVER TRAIL	1237 GORDON RIVER TRAIL	
NAPLES, FL 34105	NAPLES, FL 34105	· · · · · · · · · · · · · · · · · · ·
<del></del>		
ADTICLE III - Degistered Agent Degiste	aved Office & Desistered Agent's	Signatures
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	tegistered Agent. You must designate an individ	dual or another
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t	tegistered Agent. You must designate an individ	dual or another
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t  RICHARD K. L	tegistered Agent. You must designate an individ he registered agent are:	dual or another
The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t  RICHARD K. L	tegistered Agent. You must designate an individ	dual or another  SECRETARY  TALLARY
The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t  RICHARD K. L  N	tegistered Agent. You must designate an individ he registered agent are:	dual or another  SECRETARY  TALLARY
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t  RICHARD K. L  N  1237 GORDON	tegistered Agent. You must designate an individual he registered agent are:  UBLIN ame	dual or another  SECRETARY TALLARY
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t  RICHARD K. L  N  1237 GORDON  Florida street address (	tegistered Agent. You must designate an individual he registered agent are:  UBLIN ame  RIVER TRAIL  P.O. Box NOT acceptable)	dual or another  SECRETARY TALLARY
The name and the Florida street address of t  RICHARD K. L  N  1237 GORDON	tegistered Agent. You must designate an individual he registered agent are:  UBLIN ame	dual or another

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)

	T	~	Ŧ	$\sim$	T	•	- 1	
л	к					н	•	٧-
			ı	•	_	_		

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

•
RICHARD K. LUBLIN
1237 GORDON RIVER TRAIL
NAPLES, FL 34105
<del></del>
flir

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)