L21000 443479

| (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



700371425547

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 10/11/2021 | | | | **WALK IN** |
|------------------------|----------------------------|---------------------|-----------------|-------------|
| ENTITY NAME SWF BE | each Bay, Inc. | | | |
| DOCUMENT NUMBER_ | | | | |
| | **PLEASE FILE THE 1 | ATTACHED AND RETU | 'RN** | |
| | Plain Copy | | | |
| XXXXX | Certified Copy | | | |
| XXXXX | Certificate of Status | | | |
| **/ | PLEASE OBTAIN THE FOLL | IOWING FOR THE ABOU | VE ENTITY** | |
| | Certified Copy of Arts & | Amendments | | |
| | Certificate of Good Standi | | | |
| | **APOSTILLE' / NO | TARIAL CERTIFICAT | 70N** | |
| COUNTRY OF DESTINAT | 70N | | | _ |
| NUMBER OF CERTIFICA | TES REQUESTED | <u> </u> | | |
| TOTAL OWED \$185 | | ACCOUNT | #: 120160000072 | |
| | _ | 5 | 8 F/16 | |
| Please call Tina at th | he above number for an | | - | much! |

COVER LETTER

| TO: New Filing Section Division of Corporation | ons | |
|---|---|--|
| SUBJECT: SWF Beach Bay, I | LLC | |
| SUBJECT. | (Name of Resulting Florida Lim | ted Company) |
| | | ion, and fees are submitted to convert an "Other," in accordance with s. 605.1045, F.S. |
| Please return all corresponden | nce concerning this matter to: | |
| (Contac | t Person) | - |
| (Firm/C | Company) | - |
| (Ad | dress) | - |
| (City, State rebeca,linz@dentons.com | and Zip Code) | |
| E-mail Address: (to be used for For further information conce | future annual report notifications) rning this matter, please call: | - |
| (Name of Contact Person) | at (|) (Daytime Telephone Number) |
| | llowing amount: (All checks | processed by this office must be payable in US |
| | 00 Filing Fees ☐S180.00 Filing ificate of and Certified Co | Fees S\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Address: New Filing Section Division of Corporation 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 |

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: SWF Beach Bay, Inc. |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a corporation Poto000 86028 |
| (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) |
| 08/29/2001 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| SWF Beach Bay, 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 th | is <u>11th</u> | day of October | 20_ 21 |
|-------------------------|---------------------|---|--|
| Signature | e of Authori | zed Representative of Lim | ited Liability Company: |
| | | | Timothy ludim DOESTITUSEACHER Title: Manager |
| Signature | of Authorize | ed Representative: | DOEDDZDISBADABB |
| Printed Na | ame: Hmotny | Anglim | 11(16: Manager |
| Signature | e(s) on behal | of-Other-Business Entity: | See below for required signature(s) |
| Sia-utuan | | Timothy anglim | Title: President |
| Printed No | ame: Timothy | Anglim | Title: President |
| T Tillited Tvi | unite | | |
| Signature: | : | | |
| Printed No | ame: | | Title: |
| | | | |
| Signature: Printed Me | amo: | | Title: |
| Timed IV | antc | | |
| Signature: | | | |
| Printed Na | ame: | <u> </u> | Title: |
| . · | | | |
| Signature: | | | Title: |
| Printed Na | ame: | | 1 Hic |
| Signature: | • | | |
| Printed No | ame: | | Title: |
| | Corporatio | n: . Vice Chairman, Director, or | Officer. |
| | | have not been selected, an In | |
| | | | |
| | | rtnership or Limited Liabili | ty Partnership: |
| Signature | of one Gener | at rattier. | |
| | | rtnership or Limited Liabili neral Partners. | ty Limited Partnership: |
| All others Signature | s: of an authori | zed person. | |
| Fees: | | | |
| Δ, | rticles of Cor | nversion: | \$25.00 |
| | | la Articles of Organization: | \$125.00 |
| | ertified Copy | _ | \$30.00 (Optional) |
| | ertificate of S | | \$5.00 (Optional) |

· . . .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Compan | ny is: |
| | |
| SWF Beach Bay, LLC | |
| (Must contain the words "Limited L | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the | the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 17274 San Carlos Blvd, Suite 202 | 17274 San Carlos Blvd, Suite 202 |
| Ft Myers Beach FL 33931 | Ft Myers Beach FL 33931 |
| | |
| | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another 'the registered agent are: |
| Timothy Anglim | |
| | Name |
| 17274 San Carlos Blvd, S | Suite 202 |
| | (P.O. Box NOT acceptable) |
| Ft Myers Beach FL | FL 33931 |
| City | Zip |
| liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and compact accept the obligations of my position a | and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S |
| Registered Agent's | s Signature (REQUIRED) |
| | VTINUED) 2021 0CT 1 |

ARTICLE IV-

A Section of

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 | |
| MGR | Timothy Anglim |
| | 17274 San Carlos Blvd, Suite 202 |
| | Ft Myers Beach FL 33931 |
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| | |
| (Use attachment if necessary) | |
| (Ose attachment if necessary) | |
| | |
| T. F. V. Other provisions, if any | |
| CLE V: Other provisions, if any. | |
| | |
| <u> </u> | |
| | |
| DECLUBED CICNATUDE | OocuSigned by: |
| REQUIRED SIGNATURE: | |
| | Timothy anglim |
| | |
| | |
| 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 the ment to the Department of State constitutes a third degree felo |
| any raise miormadon submilled in a docu | ment to the Department of State constitutes a time degree few |
| as provided for in \$ 817.155 F.S. | |
| as provided for in s.817.155, F.S. | |
| as provided for in s.817.155, F.S. Timothy Anglim | |
| as provided for in s.817.155, F.S. Timothy Anglim | ped or printed name of signee |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)