# L21000 446739

(Requestor's Name)
(Address)
(1.661.655)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
0.45.10.1
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Chester management is a ming different
W21000135517

Office Use Only



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RECEIVED

### Sunshine State Corporate Compliance Company

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

DATE_10/11/2021	_	
	**WAI	K IN
ENTITY NAME Sanibe	el Center Holdings Corporation	
OOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
·	Plain Copy	
XXXXX	Certified Copy	
XXXXX	Certificate of Status	
<del></del>	Certified Copy of Arts & Amendments  Certificate of Good Standing	
<del></del>	**APOSTILLE' / NOTARIAL CERTIFICATION**	
OUNTRY OF DESTINAT	70N	
IUMBER OF CERTIFICAT	TES REQUESTED	
TOTAL OWED \$185	ACCOUNT #: I20160000072	

### **COVER LETTER**

TO: New Filing : Division of (	Section Corporations		
SUBJECT: Sanibe	Center, LLC		
50bane1	(Name of Re	sulting Florida Limited Co	mpany)
The enclosed Articl Business Entity" int	es of Conversion, Artic o a "Florida Limited L	cles of Organization, a lability Company" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	ig this matter to:	
	(Contact Person)		
	(Firm/Company)		
	(Address)	<del></del>	
rebeca.linz@dentons	(City, State and Zip Code)		
	be used for future annual re	,	
roi further informat	ion concerning this ma	at (	
(Name of Cont	act Person)	(Area Code) (Day	ytime Telephone Number)
Enclosed is a check dollars and drawn or	for the following amount a bank located in the	int: (All checks proces United States)	sed by this office must be payable in US
S150.00 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
<u>Mailing Add</u> New Filing S			t Address: Filing Section
Division of C			ion of Corporations
P.O. Box 632		The C	Centre of Tallahassee
Tallahassee,	FL 32314	2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

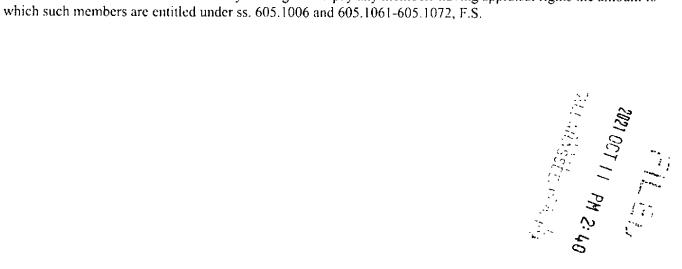
## Articles of Conversion For "Other Business Entity" Into

### Florida Limited Liability Company

The Articles of Conversion <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: Sanibel Center Holdings Corporation
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation P2100084907
(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)
10/17/1988 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Sanibel Center of FL, LLC
(Enter Name of Florida Limited Liability Company)
(Effect Name of Frontal Estimed 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



Signed thi	s <u>11th</u>	day of <u>October</u>	20_21
Signature	of Autho	rized Representative of	Limited Lighility Company:
Signature	of Author	ized Representative:	Timothy lludim
Printed Na	me: Timoth	ny Anglim	Title: Manager
Signature(	(s) on beh	alf of Other Business Ent	ity: [See below for required signature(s)
Signature:		Timothy lugim  DECODOTOLERADIST  NY Anglim	
Printed Na	me: Timoth	ıy Anglim	Title: President
Signature: Printed No.	me:		Title:
Timed (va		<del></del> .	Hue
Signature:			
Printed Na	me:		Title:
Signature			
Printed Na	me:	7-1-	Title:
Signature:			Title:
Printed Nai	me:	<del>-</del>	Little:
Signature:			
Printed Nai	me:		Title:
If Directors If Florida	of Chairma s or Office <b>General P</b>	on: n, Vice Chairman, Directors have not been selected, a artnership or Limited Liveral Partner.	nn Incorporator must sign.
<b>If Florida</b> I Signatures	<b>Limited P</b> of <u>ALL</u> G	artnership or Limited Lia eneral Partners.	ability Limited Partnership:
All others: Signature o	f an autho	rized person.	
Fees:			
Art	icles of Co	onversion:	\$25.00
		da Articles of Organization	
Cer	tified Cop	y:	\$30.00 (Optional)
Cer	tificate of	Status:	\$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

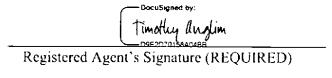
Sanibel Center of FL, LLC	
(Must contain the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	f the principal office of the Limited Liabilit  Mailing Address:
The mailing address and street address o	·

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

Timothy Anglim	
Nar	ne
17274 San Carlos Blvd, Suit	te 202
Florida street address (P.	O. Box NOT acceptable)
Ft Myers Beach FL	FL 33931
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..

2021 OCT 11 PM 2:46



(CONTINUED)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Time allow A = slice
INGIT	Timothy Anglim 17274 San Carlos Blvd, Suite 202
	Ft Myers Beach FL 33931
	Timpera Bodan E Bodon
<del></del>	
	<del></del>
(Use attachment if necessary)	
TEN OF THE ST	
<b>LE V:</b> Other provisions, if any.	
REQUIRED SIGNATURE:	
	DocuSigned by:
	Timothy Anglim
	D9E2070158A64BB
Signature of a member or a	in authorized representative of a member
This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware nent to the Department of State constitutes a third degree fe
Timothy Anglim	
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)