# (2UW)471690

| (Requestor's Name)                      |   |
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| PICK-UP WAIT MAIL                       |   |
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| (Business Entity Name)                  |   |
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| (Document Number)                       | _ |
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| Certified Copies Certificates of Status |   |
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| Special Instructions to Filing Officer: |   |
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#### **COVER LETTER**

|                      | New Filing Se<br>Division of Co   |   |                                      |                    |   |
|----------------------|---|---|--------------------------------------|--------------------|---|
| SHRIF                | CCT: Skydomin   | iums, L.L.C.  |                                      |                    |   |
| 30001                | .01   | (Name of Resi   | ılting Florida Limit                 | ed Com             | pany)   |
| The end<br>Busines   | closed Articles<br>ss Entity" into  | of Conversion, Articl<br>a "Florida Limited Lia       | es of Organizati<br>ability Company  | on, and            | d fees are submitted to convert an "Other<br>cordance with s. 605.1045, F.S.                    |
| Please i             | return all corre  | spondence concerning                                  | this matter to:                      |                    |   |
| Danielle             | e Chamberlin, P   | aralegal  |                                      |                    |   |
|                      |   | (Contact Person)                                      | <u> </u>                             | •                  |   |
| Troutma              | an Pepper   |   |                                      |                    |   |
|                      |   | (Firm/Company)  |                                      | -                  |   |
| 4000 To              | own Center, Sui   | te 1800   |                                      |                    |   |
|                      |   | (Address)   |                                      | -                  |   |
| Southfie             | eld, MI 48075   |   |                                      | _                  |   |
|                      | (C  | ity. State and Zip Code)                              |                                      | -                  |   |
| jimheve              | ey@yahoo.com  |   |                                      |                    |   |
| E-ma                 | ail Address: (to be   | used for future annual rep                            | port notifications)                  |                    |   |
| For fur              | ther informatio   | on concerning this mat                                | ter, please call:                    |                    |   |
| Prestor              | n C. Mortemore  |   | _at ( <u>248</u>                     | 359-7              |   |
|                      | (Name of Contac   | ct Person)  | (Area Code                           | (Day               | rtime Telephone Number)   |
|                      |   | or the following amou<br>a bank located in the        |                                      | process            | sed by this office must be payable in US  |
| (\$25 for<br>& \$125 | 0.00 Filing Fees<br>Conversion<br>for Articles<br>nization)                     | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □S180.00 Filing<br>and Certified Cop |                    | S185.00 Filing Fees, Certified Copy, and Certificate of Status                                  |
|                      | Mailing Add<br>New Filing So<br>Division of C<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7                            |                                      | New Division The C | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303



October 1, 2021

DANIELLE CHAMBERLIN 4000 TOWN CENTER STE 1800 SOUTHFIELD, MI 48075

SUBJECT: SKYDOMINIUMS, L.L.C.

Ref. Number: W21000131138

We have received your document for SKYDOMINIUMS, L.L.C. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 621A00023780

#### Articles of Conversion

For

#### "Other Business Entity"

lnto

### 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:  Skydominiums, L.L.C.  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a [Imited 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 (Enter state, or if a non-U.S. entity, the name of the country)   |
| March 2, 2006 (date of organization, formation or incorporation)  |
| (date of organization, formation or incorporation)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Skydominiums, L.L.C.  |
| (Enter Name of Florida Limited Liability Company)   |
| (Enter Name of Plotted Elability 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 day of   | 20 66.                               |
|--|--------------------------------------|
| Signature of Authorized Representative of Limite                     | ad I jability Company:               |
| Signature of Authorized Representative of Educati                    | 1 / /                                |
| Signature of Authorized Representative: Printed Name: C. James Hevey | 14/11/22 PA                          |
| Signature of Authorized Representative:                              | Title: Director                      |
| Printed Name: C. James nevey   | Title. Director                      |
| Signature(s) on behalf of Other Business Entity: [S                  | see below for required signature(s)] |
| Signature: Printed Name: James Hevey                                 |                                      |
| Drinted Namy C. James/Hevey  | Title: Authorized Signatory          |
| Finited Name.  | <del></del>                          |
| Signature:   |                                      |
| Printed Name:  | Title:                               |
| rimed Name.  |                                      |
| Signature:   |                                      |
| Signature:Printed Name:  | Title:                               |
| rinico ramo.   |                                      |
| Signature:   |                                      |
| Signature: Printed Name:   | Title:                               |
| Timed rane.  | •                                    |
| Signature:   |                                      |
| Signature:Printed Name:  | _ Title:                             |
|  |                                      |
| Signature:   |                                      |
| Printed Name:  | _ Title:                             |
|  |                                      |
| If Florida Corporation:  |                                      |
| Signature of Chairman, Vice Chairman, Director, or C                 | Officer.                             |
| If Directors or Officers have not been selected, an Inc              | corporator must sign.                |
|  |                                      |
| If Florida General Partnership or Limited Liabilit                   | y Partnership:                       |
| Signature of one General Partner.                                    |                                      |
|  |                                      |
| If Florida Limited Partnership or Limited Liabilit                   | y Limited Partnership:               |
| Signatures of ALL General Partners.                                  |                                      |
|  |                                      |
| All others:  |                                      |
| Signature of an authorized person.                                   |                                      |
|  |                                      |
| Fees:  |                                      |
| <del></del> -  |                                      |
| Articles of Conversion:  | \$25.00                              |
| Fees for Florida Articles of Organization:                           | \$125.00                             |
| Certified Copy:  | \$30.00 (Optional)                   |
| Certificate of Status:   | \$5.00 (Optional)                    |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company   | is:   |
|---|---|
| Skydominiums, L.L.C.  (Must contain the words "Limited Lia  | ability Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address of the   | e principal office of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:  |
| 2040 NW 25th St   | 2040 NW 25th St   |
| Boca Raton, FL 33431  | Boca Raton, FL 33431  |
| The name and the Florida street address of t  C. James Hevey  | he registered agent are:  |
|   |   |
| 2040 NW 25th St   | P.O. Box NOT acceptable)  |
| Boca Raton  | FL <sup>33431</sup>   |
| City  | Zip   |
| liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and complete accept the obligations of my position at | nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 605, F.S  Signature (REQUIRED) |

(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 AMBR                     | C. James Hevey 2040 NW 25th St Boca Raton, FL 33431  |
|  |  |
|  |  |
| <del></del>                              |  |
| (Use attachment if necessary)            |  |
| CLE V: Other provisions, if any.         |  |
|  |  |
|  |  |
| REQUIRED SIGNATURE:                      | Levey  |
| Signature of a member or                 | r an authorized representative of a member se with section 605.0203 (1) (b). Florida Statutes. I am aware the to the Department of State constitutes a third degree fellowers. |

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)