# L21000477550

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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## Sunshine State Corporate Compliance Company

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

			~WALK IN			
ENTITY NAME TOWN	'N CONUTRY PLAZ	A, LLC				
DOCUMENT NUMBER_						
	**PLEASE FILE TH	HE ATTACHED AND RETURN**				
	Plain Copy					
XXXXX	Certified Copy					
XXXXX	Certificate of Status					
	Certified Copy of Arts Certificate of Good Sta					
	**APOSTILLE'/N	NOTARIAL CERTIFICATION**				
COUNTRY OF DESTINAT	TION		<u></u>			
NUMBER OF CERTIFICA	TES REQUESTED					
TOTAL OWED \$185	-	ACCOUNT #: 1201600000	72			
IOIAL OWLD	<del></del>	5. 8 FM				

#### **COVER LETTER**

TO:	New Filing S Division of C						
SHRI	ECT:	TOWN 'N COUNTRY	Y PLAZ	A, LL	С		
SUBJ	EC1	(Name of Res				Com	pany)
							d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this n	natter to	0:		
V	icki Melone						
		(Contact Person)					
S	hankman Leon	e, P.A.					
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)					
7	07 N. Franklin	Street, Fifth Floor					
<del></del>		(Address)					
T	ampa, FL 3360	2					
		City, State and Zip Code)			—		
,	vmelone@shankm	• • •					
		e used for future annual re	port noti	fications	 s)		
For fu	rther informati	on concerning this ma	tter, ple	ase cal	ll:		
,	/icki Melone		at (	813	١	223	1099
	(Name of Conta	act Person)			de)		time Telephone Number)
		for the following amou a bank located in the				ocess	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles unization)	□\$155.00 Filing Fees and Certificate of Status		0.00 Fili ertified (		tes	S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add						Address:
	New Filing S Division of C						Filing Section on of Corporations
	P.O. Box 632						entre of Tallahassee
	Tallahassee, l	FL 32314			24	415 1	N. Monroe Street, Suite 810
					T	allah	assee, 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:
TOWN 'N COUNTRY PLAZA, L.P.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited partnership A07 000000 477
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws ofFlorida
(Enter state, or if a non-U.S. entity, the name of the country)
on 04/02/1998 .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  TOWN 'N COUNTRY PLAZA, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: November 5, 2021
(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 4th day of November	_ 2021
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: David Scher	Title:Manager of SSG Commercial LLC
Signature(s) on behalf of Other Business Entity: [	
Signature: Ala Las	_
Printed Name: Sara H. Golding Scher	Title: President of PSK, Inc.
Signature:Printed Name:	Title:
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 Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liab	ility Company is:				
TOWN 'N COUNTR	Y PLAZA, LLC	v Company, "L	L.C.," or "ELC."	·)	
ARTICLE II - Address: The mailing address and street					ompany is:
Principal Office Address:		Mailing A	Address:		
204 N. Howard Avenue Tampa, FL 33606	· · · · · · · · · · · · · · · · · · ·		Howard Ave , FL 33606_	nue	
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida re The name and the Florida street	serve as its own Regist egistration.) et address of the r	ered Agent, Yo egistered ag	u must designate	an individual or ano	2021 NOV -3
204	Name				. 🗓
	N. Howard Aven reet address (P.O		acceptable)	· ·	<u> </u>
Tamp	City	FL	33602 Zip		áH II: 07
Having been named as regis liability company at the property registered agent and agree to statutes relating to the property accept the obligations of Registres.	lace designated in act in this capac per and complete p	this certific ity. I further performance gistered agen	ate, I hereby agree to con of my duties, at as provided	accept the appo uply with the pro and I am famili	intment as ovisions of all iar with and

(CONTINUED)

ARTICLE IV-

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	SSG COMMERCIAL LLC  204 N. Howard Avenue  Tampa, FL 33602					
	rampa, FL 55002					
<del></del>						
<del></del>						
(Use attachment if necessary)						
(Ose ditaenment is necessary)						
RTICLE V: Other provisions, if any.						
RTICLE V. Other provisions, it any.						
REQUIRED SIGNATURE:						
Signature of a member or a	an authorized representative of a member					
This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony					
David Scher, Manager of SSG Co	ommercial, LLC					
Туг	oed 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)

Filing Fees