L21000507910

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100377012151

12/02/21---01/05--018 **180.00

2021 DEC -2 PM 2:51

9991 DEC -2 PH 4: 20



Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 12/2/2021

Trans#: 1253877

Entity Name: BC A9 TOWNHOMES II LP (FL) CONVERTING INTO BC A9

```
Articles of Incorporation ( )

Articles of Dissolution ( )

Conversion (XXX)

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement ( )

Other ( )

Articles of Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )
```

STATE FEES PREPAID WITH CHECK #2464 FOR \$180.00

PLEASE RETURN:

Certified Copy (XXX) Plain Stamped Copy ()

Good Standing () Certificate of Fact ()

Phone: 855-498-5500

COVER LETTER

Division of C	orporations			
SUBJECT: BC A9 II	Townhomes LLC			
NODJECT.		ulting Florida Limit	ed Com	ipany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Carole Maxson				
	(Contact Person)		•	
Thompson Burton PLL	C			
	(Firm/Company)		•	
6100 Tower Circle, Su	ite 200			
	(Address)		•	
Franklin, TN 37067				
((City, State and Zip Code)			
peggy@broomecapita	l.com		_	
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Carole Maxson		_at (<u>615</u>	465-	6018
(Name of Conta	nct Person)	(Area Code)	(Day	time Telephone Number)
	for the following amou a bank located in the		roces	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 and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 633 Tallahassee,	ection Corporations 27		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

INHS11 (7/17)

TO: New Filing Section

FILED

2021 DEC -2 PH 4: 20

TENTE : FSTATE

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:
BC A9 II Townhomes LP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited partnership (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
6-18-20 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:
BC A9 II Townhomes 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

Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Y
Printed Name: Piu Piu Peggy Tseung	Title: Authorized Signor
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signatura	
Signature: Piu Piu Peggy Tseung	Title: Authorized Signor
Signature:Printed Name:	Tide
rimed Name.	
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
e.	
Signature:Printed Name:	Title:
. Timed (Marie)	
Signature:Printed Name:	
Printed Name:	Tale:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	tv Partnership:
Signature of one General Partner.	
Te Director of Danier and Danier and State of Education	to I instead Domesonskin.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Farmership:
<u> </u>	
All others:	
Signature of an authorized person.	
Signature of an authorized person. Fees:	\$25.00
Signature of an authorized person. Fees: Articles of Conversion:	\$25.00 \$125.00
Signature of an authorized person. Fees:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
BC A9 If Townhomes LLC	
(Must contain the words "L	imited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

6911 Pistol Range Road	6911 Pistol Range Road
Suite 133	Suite 133
Tampa, FL 33635	Tampa, FL 33635

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

Coleen Spa	arkman	
-	Nat	ne
6911 Pistol	Range Road, Si	uite 133
Florida st	reet address (P.	O. Box <u>NOT</u> acceptable)
Tampa		FL 33635
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Δ	R	T	1	'n	F	ī	ν	٠.

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	BREA 3-2 A9 II Townhomes LLC
	6911 Pistol Range Road, Suite 133
	Tampa, FL 33635
·	
(Use attachment if necessary)	
•	
CLE V: Other provisions, if any.	
\sim	\ _
REQUIRED SIGNATURE:	\mathcal{V}
	<i>1</i> •
L.	f .
Signature of a member of	r an authorized representative of a member
This document is executed in accordance	e with section 605,0203 (1) (b), Florida Statutes. I am aware that
This document is executed in accordance	r an authorized representative of a member se with section 605.0203 (1) (b). Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felor
This document is executed in accordance any false information submitted in a doc	e with section 605,0203 (1) (b), Florida Statutes. I am aware that

or printed name or signed

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)