# L21000507936

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		•
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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2021 DEC -2 FH 2: 5



### **Filing Cover Sheet**

To: Florida Division of Corporations From: LESLIE SELLERS C/O Capitol Services, Inc. Date: 12/2/2021 Trans#: 1253877 Entity Name: BCA9 TOWNHOMES LP (FL) CONVERTING INTO BCA9 TOWNHOMES LLC (FL) 1, Articles of Amendment ( ) Articles of Incorporation ( ) Annual Report ( ) Articles of Dissolution ( ) Fictitious Name ( ) Conversion (XXX) Limited Liability ( ) Foreign Qualification ( ) Merger ( ) Limited Partnership () Withdrawal / Cancellation ( ) Reinstatement ( ) Partnership Registration ( ) Other ( ) (STATE FEES PREPAID WITH CHECK #2463 FOR \$180.00 ? **PLEASE RETURN:** (Certified Copy (XXX) | Plain Stamped Copy ( ) Good Standing ( ) Certificate of Fact ( )

Phone: 855-498-5500



To: Florida Division of Corporations

## **Filing Cover Sheet**

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

Date: 12/2/2021

Trans#: 1253877

Entity Name: <u>BC A9 TOWNHOMES LP (FL) CONVERTING INTO BC A9</u> TOWNHOMES <u>LLC (FL)</u>

Articles of Incorporation ( )	Articles of Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion (XXX)	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	Partnership Registration ( )

STATE FEES PREPAID WITH CHECK #2463 FOR \$180.00

#### **PLEASE RETURN:**

Certified Copy (XXX) Plain Stamped Copy ( )
Good Standing ( ) Certificate of Fact ( )

Phone: 855-498-5500

#### **COVER LETTER**

TO:	New Filing Se Division of Co				
SUBJ	ECT: BC A9 To	ownhomes LLC			
			ılting Florida Lim	ited Con	pany)
			_		d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	this matter to:		
Carol	e Maxson			_	
		(Contact Person)		_	
Thom	pson Burton PLL	C		_	
		(Firm/Company)			
6100	Tower Circle, Sui			_	
		(Address)			
Frank	lin, TN 37067			_	
	,	Tity, State and Zip Code)			
	/@broomecapital			_	
E-	mail Address: (to b	e used for future annual re	port notifications)		
For fi	urther information	on concerning this ma	tter, please call:		
Carol	e Maxson		at ( 615	465-	6018 rtime Telephone Number)
	(Name of Conta	et Person)	(Area Cod	e) (Day	time Telephone Number)
		or the following amou a bank located in the		proces	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐\$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	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

2021 DEC -2 PH 4: 27

# 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 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.)
First organized, formed or incorporated under the laws of
8-12-16
(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 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this St day of	20_21
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative of Limit Signature of Authorized Representative: Printed Name: Piu Piu Peggy Tseung	$\gamma$
Signature of Authorized Representative:	Tislas Authorized Signor
Printed Name: Flu Flu Feggy Tseung	Title: Authorized Signor
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)
Signature: Printed Name: Plu Plu Peggy (seung	<del></del>
Printed Name: Plu Plu Peggy ∦seung	Title: Authorized Signor
Signature	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rrinted Name:	_ i itie:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tr'al
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
	Daniel Control
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of ALL General Partners.	
All al	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Carminanta of Commen	,

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

ARTICLE I - Name:	
The name of the Limited Liability Con	mpany is:
BC A9 Townhomes LLC	
(Must contain the words "Lin	nited Liability Company, "L.I.,C.," or "L.I.C.")
ARTICLE II - Address:	
The mailing address and street address	s 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
	legistered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as it business entity with an active Florida registration	s own Registered Agent. You must designate un individual or another
business entity with an active Fielda registration	$D_{ij}$
The name and the Florida street addre	ss of the registered agent are:

Name

6911 Pistot Range Road, Suite 133

Florida street address (P.O. Box NOT 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)

A	TCI	$r \sim 1$	C	IV.
A	RT	16 1	L.F.	IV.

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	DDEA 0.0 A0 Tourstone 14.0	
MGR	BREA 3-2 A9 Townhomes LLC	<del></del>
	6911 Pistol Range Road, Suite 133 Tampa, FL 33635	_
	Tampa, FL 33035	
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(Use attachment if necessary)		
RTICLE V: Other provisions, if any.		
TRITICIAL V: Other provisions, it any.		m
		<del></del>
REQUIRED SIGNATURE:	^_	
REQUIRED SIGNATURE. 7	' Y	
1		
Signature of a mambar or	an authorized representative of a member	
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am awar	e that
any false information submitted in a doct	ument to the Department of State constitutes a third degree	felony
as provided for in s.817,155, F.S.	·	•
Div Div Donny Tanung		
Piu Piu Peggy Tseung	yped or printed name of signee	_
<b>I</b> ,	yped or printed name or signee	
	Filing Fees	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)