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(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2021

STEVEN IVANKOVICH ATLAS APARTMENT HOMES 1 EAST ERIE STREET SUITE 525 253 CHICAGO, IL 60611

SUBJECT: ALLIANCE HTFL LLC Ref. Number: W21000128603

We have received your document for ALLIANCE HTFL LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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

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

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 521A00023164

2821 OCT 32 PH 1:

Please see signature added Suriew 10/28/21

COVER LETTER

TO: New Filing Division o	g Section f Corporations				
	ce HTFL LLC				
SUBJECT:		sulting Florida Lim	ited Cor	mpany)	
	cles of Conversion, Artic nto a "Florida Limited L				
Please return all co	orrespondence concernin	g this matter to:			
Steven Ivankovich					
	(Contact Person)				
Atlas Apartment Ho	mes				202
	(Firm/Company)		_		2021 NOY -1
1 East Erie Street S	Suite 525 253				
<u></u>	(Address)		_		- <u>-</u>
Chicago, IL 60611	, ,				
	(City, State and Zip Code)		_		. .
shanna.willis@atla	sresidentialusa.com				(.
E-mail Address: (to be used for future annual re	port notifications)	-	•	
For further inform	ation concerning this ma	itter, please call:			• • •
Shanna Willis		_at (_469	_\ 387-	7566	
(Name of Co	ontact Person)	(Area Code	e) (Day	ytime Telephone Number)	
	k for the following amou on a bank located in the		proces	sed by this office mus	t be payable in US
☐ \$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	s \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
P.O. Box 6	g Section f Corporations		New Divis The (2415	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Su hassee, FL 32303	ite 810

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: ALLIANCE HTFL LIMITED PARTNERSHIP
(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
(Enter state, or if a non-U.S. entity, the name of the country)
06/14/2007 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: Alliance HTFL LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 06/18/2019
(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 this 12 day of April 27	20_
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Steven Ivankovich	Title: Maraging Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	*
Signature: Printed Name: Steven wankovich	Title: Managing Member
Signature:	·
Printed Name:	Title:
Signature:	
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 of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y 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 ! -				
The name of th	e Limited Liability Company	y is:		
Alliance HTFL L		fability Company, "L.L.C.," or "LL.C.")		
	(Winst counting the Motos, Dimited Di	aninty Company, D.L.C., or DLC.		
ARTICLE II -	· Address:			
The mailing ad	dress and street address of th	ne principal office of the Limite	d Liability Compar	ny is:
Principal Offi	ce Address:	Mailing Address:		
1 East Erie Stre	et Suite 525 253	1 East Erie Street Suite 52	! 5 253	
Chicago, IL 606		Chicago, IL 60611		
(The Limited Liabil business entity wit		ered Office, & Registered Ag Registered Agent. You must designate an the registered agent are:		
	STAILEN 111	للا مرين (١٠٠٠)		
	NEVER IVE	ANKOVICH		
the state of			e e e e e e e e e e e e e e e e e e e	×
	191 (rand	on Blud	•	r
	Florida street address (P.O. Box NOT acceptable)		,
	Ken Biscarne	FL 33149		
	City	Zip		
liability co registered ag statutes rela	ompany at the place designate tent and agree to act in this ca ating to the proper and compl e obligations of my position a Registered Agent's	nd to accept service of process yed in this certificate, I hereby acapacity. I further agree to complete performance of my duties, as registered agent as provided full services. Signature (REQUIRED)	rcept the appointmently with the provision and I am familiar with for in Chapter 605, I	nt as ns of ali th and F.S.
	(CUN	TINUED)	∷ 28	

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

"AMDD" = Authorized Member	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Steven Ivankovich
	1 East Erie Street Suite 525 253
	Chicago, IL 60611
	
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	p.
	
(Use attachment if necessary)	
,	
•	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
	1
REQUIRED SIGNATURE:	1
	1
REQUIRED SIGNATURE:	4
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware to
Signature of a member or This document is executed in accordance	
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware to
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Steven Ivankovich	e with section 605.0203 (1) (b), Florida Statutes. I am aware to

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)