# 121000529546

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

Office Use Only



000378136150

12.33/31--61993--093 \*\*185.00

7021 ESC 20 FILE: 13

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
	rly Management LLC ng Pibrida Limited Company)
	of Organization, and fees are submitted to convert an "Other lity Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning th	is matter to:
Lindsay M.O. 1  (Contact Person)  Solutions Property M  (Firm/Company)  315 S. Cour fency Ruy  (Address)  Merrit Island, A. 329  (City, State and Zip Code)  Solutions PM coordinator @  E-mail Address: (to be used for future annual report  For further information concerning this matter.  Lindsay M. O. Norton at	vanagementil C # 6 152 ymail.com/Remaxsolutions O1 Egmail.com notifications) . please call:
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: dollars and drawn on a bank located in the Uni	(All checks processed by this office must be payable in US ited States)
	15180,00 Filing Fees, and Certified Copy Certified Copy, and Certificate of Status
* Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Conversion**

For

## "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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:  Solutions Property management corp  (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>College And College And Colle</u>
First organized, formed or incorporated under the laws of <u>from the laws</u> .  (Enter state, or if a non-U.S. entity, the name of the country)
on 7(201)6 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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.

Signature of Authorized Representative of Li	
Signature of Authorized Representative: Printed Name: LINESAY M.O. Norton	ndorym. O norton  Title: manager
Signature(s) on behalf of Other Business Entity	:  See below for required signature(s)
Signature:	Title: Chairman/VP/Director Office
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, an	Incorporator must sign.
If Florida General Partnership or Limited Liab Signature of one General Partner.	mity rartnersulp.
	<del></del>
Signature of one General Partner.  If Florida Limited Partnership or Limited Liab	<del></del>
Signature of one General Partner.  If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.  All others:	<del></del>

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Solutions Proper (Must contain the words "Limited Liability G	Company, "L.L.C.," or L.L.C.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
315 S. Courtenay Pkwy#6	same
Merrith Stand H 32952	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Solutions Rew	ty Associates
345 J. Cour Hras Florida street address (P.O.	上文WY 掛し Box <u>NOT</u> acceptable)
Merritt Island City	FL 32952 Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S.
Insbaym O.D	outon
Registered Agent's Signa	iture (KEQUIKED)

(CONTINUED)

13.771	$\sim$ $\tau$	•	13.7
RTI	( . I	. P.	IV-

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

Name and Address:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Lindsay M. O. Norton 2280 Turtle mound Rth Melbourne, Fl. 32934 Robert J Norton
<u> </u>	Neiborne, 19 32934
	20 PF -
(Use attachment if necessary)	FF 12: 02
D RARTICLE V: Other provisions, it any.  D KODERT J NORTHON and Lindsay M.O. Northon by Entireties and Husband and	wife.
a lindson m. Sonder has changed	name in owners the transay M.O. Norton orten. (Fixed marriage licensel cert and nancoharge)
Sichulm anoth	n ad Colonia
This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S.	authorized representative of a member h section 605.0203 (1) (b). Florida Statutes. I am aware that t to the Department of State constitutes a third degree felony
LINDAYM. O. Nofon ar	or printed name of signee

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)