L220000 18155

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
	ty/State/Zip/Phone #)
PICK-UP	WAIT U MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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01/18/22--01002--011 **150.00

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THAT OF STATE
ALLAHASSEE, FLORE

RECEIVED



WELDENFIELD DEVELOPMENT, LLC

P O Box 55465 Birmingham, Alabama 35255 205-639-5221

January 13, 2022

New Filing Section
Divisions of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Filing of Conversion

WF Druid, LLLP to WF Druid, LLC

To Whom It May Concern:

Please find attached Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company from WF Druid, LLLP to WF Druid, LLC. I have also enclosed check in the amount of \$150.00 to cover filing fees. Please do not hesitate to contact me if you have any questions or concerns with the filing. Thank you for your prompt attention to this matter.

Sincerely,

Elizabeth Woodfin-Hill

/ewh Attachments

COVER LETTER

TO: New Filing Section Division of Corpo					
SUBJECT: WF Druid, LL	_C				
	(Name of Res	ılting	g Florida Limite	ed Con	pany)
					d fees are submitted to convert an "Other reordance with s. 605.1045, F.S.
Please return all correspo	ondence concerning	this	s matter to:		
Elizabeth Woodfin-Hill					
((Contact Person)				
WeldenField Development	, LLC				
(j	irm/Company)				
P O Box 55465					
	(Address)				
Birmingham, AL 35255					
(City,	State and Zip Code)		<u> </u>		
elizabethw@weldenfield.co	om				
E-mail Address: (to be use	ed for future annual rep	ort n	otifications)		
For further information c	oncerning this mat	ler. j	please call:		
Elizabeth Woodfin-Hill		at (205	639-5	221
(Name of Contact Pe	erson)	_ar ((Area Code)	(Day	time Telephone Number)
Enclosed is a check for the dollars and drawn on a ba				rocess	ed by this office must be payable in US
(\$25 for Conversion and	\$155.00 Filing Fees d Certificate of itus		180.00 Filing I Certified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address New Filing Section Division of Corpo P.O. Box 6327	on		1	New F Divisi	Address: Filing Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: WF Druid, LLLP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability limited partnership. A 21000 000 634 (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)
November 12, 2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: WF Druid, 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 13th day of January	20 <u>22</u>
Signature of Authorized Representative of	of Limited Liability Company:
Signature of Authorized Representative: 4	Title: Authorized Signatory
Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s)]
Signature:	Title: Manager
Signature:Printed Name:	Title:
Signature:	
	Title:
	Title:
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected	tor, or Officer, , an Incorporator must sign.
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organiza Certified Copy: Certificate of Status:	\$25.00 tion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLE 1 - N The name of the	Name: : Limited Liability Company	is:
	. , .	
WF Druid, LLC		
	(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - The mailing add		principal office of the Limited Liability Company is
Principal Offic	e Address:	Mailing Address:
1029 22nd Street	t South	D O Doy EEACE
1050 55110 0000	COOGG	P O Box 55465
Birmingham, AL	35205	Birmingham, AL 35255
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registe y Company cannot serve as its own R an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registery Company cannot serve as its own Rean active Florida registration.) The Florida street address of the server as its own Rean active Florida registration.	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registery Company cannot serve as its own Ranactive Florida registration.) The Florida street address of the NRAI Services, Inc.	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
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ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registery Company cannot serve as its own R an active Florida registration.) The Florida street address of the NRAI Services, Inc. National Services of the NRAI Services of the	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another me registered agent are:
ARTICLE III - (The Limited Liability business entity with	- Registered Agent, Registery Company cannot serve as its own R an active Florida registration.) The Florida street address of the NRAI Services, Inc. National Services of the NRAI Services of the	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:

mited 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..

/s/ Patricia A. Boverie, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager	ME David OD 11 C				
MGR	WF Druid GP, LLC				
	1029 22nd Street South				
	Birmingham, AL 35205				
· -					
· · · · · · · · · · · · · · · · · · ·					
					
(Use attachment if necessary)					
(Ose attachment if necessary)					
LEW Other months and the second					
LE V: Other provisions, if any.					
					
-					
REQUIRED SIGNATURE:					
John Drady Weld					
John Hray May	<u></u>				
V					

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John Grady Welden, Manager of WF Druid GP, LLC

Typed or printed name of signee

Typed or printed name of 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)