# -La 20000024789

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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# COVER LETTER

TO:	New Filing Sc Division of Co				
SHR	JECT: Twin Elm	s, LLC			
зов	,	(Name of Rest	lting Florida Lim	imited Company)	
The c Busin	enclosed Articles ness Entity" into	of Conversion, Article a "Florida Limited Lic	es of Organizat ibility Compan	zation, and fees are submitted to convert an "Other any" in accordance with s. 605.1045, F.S.	
Pleas	e return all corre	espondence concerning	this matter to:	o:	
Scott	C. Houldin		·	<del></del>	
		(Contact Person)			
Twin	Elms, LLC				
		(Firm/Company)			
515 1	N Flagler Drive, Si				
		(Address)			
West	t Palm Beach Fl	_ 33401			
-	((	City, State and Zip Code)			
	ıldin@twinelms.co				
E-	-mail Address: (to b	e used for future annual re-	port notifications)	is)	
For f	further information	on concerning this ma			
Scot	t C. Houldin		at ( <sup>(914)</sup>	) 643-5336 (Ode) (Daytime Telephone Number)	
	(Name of Conta	act Person)	(Area Cod	ode) (Daytime Telephone Number)	
Encl dolk	osed is a check f ars and drawn on	for the following amount a bank located in the	int: (All checks United States)	ks processed by this office must be payable in US s)	
(\$25 & \$1	150.00 Filing Fees for Conversion 25 for Articles ganization)	□S155.00 Filing Fees and Certificate of Status	S180,00 Fitti and Certified C	Certificate of Status	ار ا ا
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27		New Filing Section  Division of Corporations  The Centre of Tallahassee	ر. د د د د د د د د د المعت

#### 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:  Twin Elms, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of [Connecticut]  (Enter state, or if a non-U.S. entity, the name of the country)
10/13/1995
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Twin Elms, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 2/1/2022
(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 11	day of January	20_22	
Signature of Auth	orized Representative of	Limited Liability Company:	
Signature of Autho Printed Name; <u>Scott</u>	rized Representative: C. Houldin	Settle: Member	
		tity:  See below for required sign	
Signature:	# Horales	Title: Member	
Printed Name: Scott	C. Houldin	Title: Member	<del></del>
Printed Name:		Title:	<del></del>
Signature:			
Printed Name:		Title:	
Signature:		Title:	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:		<u> </u>	
Printed Name:	<del> </del>	Title:	
	an, Vice Chairman, Direct	or, or Officer. an Incorporator must sign.	
<u>If Florida General</u> Signature of one Ge	Partnership or Limited L neral Partner.	iability Partnership:	
<u>If Florida Limited</u> Signatures of <u>ALL</u> (		iability Limited Partnership:	
All others: Signature of an auth	orized person.		
Fees:			

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
T : 51 140	
Twin Elms, LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
515 N Flagler Drive, Suite P300	515 N Flagler Drive, Suite P300
West Palm Beach, FL 33401	West Palm Beach, FL 33401
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerbusiness entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Scott C. Houldin	
Name	
515 N Flagler Drive, Suite P30	0
Florida street address (P.O.	Box NOT acceptable)
West Palm Beach	FL <sup>33401</sup>
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605. F.S
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(CONTINUED)

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Scott C. Houldin

\$ 30.00 Certified Copy (Optional)

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

Title:	Name and Address:			
"AMBR" – Authorized Member				
"MGR" = Manager AMBR	Scott C. Houldin			
AMBK	515 N Flagler Drive, Suite P300			
	West Palm Beach, FL 33401			
	West Faill Deach, 1 E 33401			
****				
	,			
(Use attachment if necessary)				
ICLE V: Other provisions, if any.				
REQUIRED SIGNATURE:				
Ω	# C Vor Chew			
	& C. Horolkin			
Signature of a member or	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware that			
This document is executed in accordance	excith section 605.0 '03 (1475). Florida Statites. Lam aware that			
and Cale and constant and and a firm of the	ment to the Department of State constitutes a third degree felony			

Typed or printed name of signee

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Conv (Optional)

\$ 5.00 Certificate of Status (Optional) 5