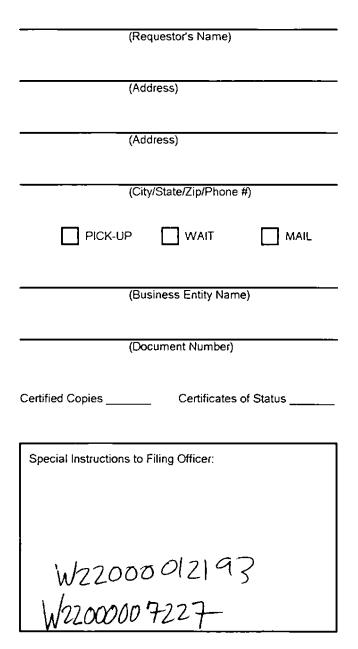
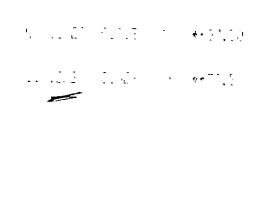
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COVER LETTER

TO:	New Filing S Division of C			
OLID		•	ru Piaza C	((
SUB	JECT:		sulting Florida Limited (
				and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Pleas	se return all corr	espondence concernin	g this matter to:	
		~ `		11/12/21 01028 006
	Ro	NAID STRUTI (Contact Person)	461.S	450,5C
	B	AYOU PIAZA (Firm/Company)	(((
	<u> </u>	(Address)	1) N.	
		NELLAS PARK City. State and Zin Code)	FL 3378)	<i>(</i>
E-	mail Address: (to b	CSSBAYOU (E) (oc used for future annual re	EMAIL CON port notifications)	
For f	urther informati	on concerning this ma	tter, please call:	
	(Name of Conta	STRITHELS net Person)	at (<u>727</u>) (Area Code) (U.S.S-2836 Daytime Telephone Number)
		for the following amou a bank located in the		essed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	□S180.00 Filing Fee and Certified Copy	s S185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations 17	Ne Di Th	reet Address: w Filing Section vision of Corporations e Centre of Tallahassee

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: LANDBAYOU LLP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a GENERAL PARTNERSHIP LLP02 000 238 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of
on 12/11/2002 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Cross Bayou Plaza, LLC (Enter Name of Florida Limited Liability Company)
(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 t	his <u>07 </u>	of JANUARY	20 ²²
Signatu	ro of Authorized	Ropresentative of Li	mited Liability Company:
<u>Mgnatu</u>	ic of Authorized	**	Company.
Signatur	e of Authorized R	epresentative:	<u> </u>
	Name: RONALD STI		Title: MGR
Signatu	re(s) on behalf of (<u> Other Business Entity</u>	: See below for required signature(s)
C:	\$	<u>-</u>	
Drinted N	e:RONALD STI	RITHERS	Title: MGR
rinnear	vaine. Notwice on	TO THE KO	Title.
Signatur	e:		
Printed N	Name:		Title:
Signatur	e:		
Printed 1	Name:		Title:
Ci t			
Signatur Printed N	C:		Title:
rinical	vallic		Title.
Signatur	e:		
Printed 1	Name:		Title:
Signatur	c:		
Printed 1	Vame:	<u> </u>	Title:
	la Corporation:	e Chairman, Director,	or Otticor
			Incorporator must sign.
II DIRECT	ors or Officers have	, not occu sciected, an	meorporator must sign.
If Floric	la General Partne	rship or Limited Lial	bility Partnership:
	e of one General Pa		
			oility Limited Partnership:
Signatur	es of <u>ALL</u> General	Partners.	
A 11 - A 1			
All othe	<u>rs:</u> e of`an authorized p	varcan	
Signatui	e or an audiorized p	ictson.	
Fees:			
	Articles of Convers	sion:	\$25.00
•		ticles of Organization	
	Certified Copy:		\$30.00 (Optional)
	Certificate of Statu	s:	\$5.00 (Optional)
			• •

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Cross Bayou Plaza, LLC (Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
CROSS BAYOU COMMERCE PARK	CROSS BAYOU COMMERCE PARK
8100 PARK BLVD N	8100 PARK BLVD N
PINELLAS PARK, FL 33781	PINELLAS PARK, FL 33781
business entity with an active Florida registration.) The name and the Florida street address of the RONALD E STrothe Name	IZI NOV 12
8100 PARK BLVD N	D. Box NOT acceptable)
Florida street address (P.C	J. Box MOT acceptable)
PINELLAS PARK	D. Box NOT acceptable) FL 33781
City	Zip
liability company at the place designated in registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Α	RTI	$C\mathbf{I}$	F	IV_{-}
	13.11		4 1	

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	RONALD E Struthers			
	8100 PARK BLVD N			
	PINELLAS PARK, FL 33781			
				
				
				
(Use attachment if necessary)				
CLE V: Other provisions, if any.				
CEE V. Other provisions, it any.				
REQUIRED SIGNATURE:				
- T				
WZ_				
Signature of a member or	an authorized representative of a member			
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that			
any false information submitted in a docur	ment to the Department of State constitutes a third degree felor			
as provided for in s.817.155, F.S.	,			
\mathcal{D}_{i}	INAID STINIHELS			
	J. VICO: SINCUITURES			
1 y	ped 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)