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

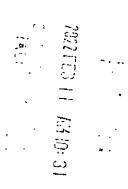
Office Use Only



000381451570

02/11/22--01028--030 **185.00





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: Potawatomi Ottawa Properties, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (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 4/10/2012 1/15/2009 F ¹⁵ (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Potawatomi Ottawa Properties, 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 4th day of Feb	oruary20
Signature of Authorized Repres	sentative of Limited Liability Company:
Signature of Authorized Represen	ntative:
Printed Name: Randall R Shepard	Title: President
	Business Entity: [See below for required signature(s)]
Printed Name: Randall R Shepard	Title: President
Signature: Only 117.	Shared
Printed Name: Jill M Shepard	Title: Sales
Signature:	
Printed Name:	Title:
Ci	
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chair	
If Florida General Partnership or Signature of one General Partner.	r Limited Liability Partnership:
If Florida Limited Partnership or Signatures of ALL General Partner	r Limited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOF	ONGANIZATIONION			- -			
ARTICLE I - N							
The name of the	Limited Liability Company	ıs:					
Potawatomi Ottawa Properties, LLC "P.O.P., LLC"							
(1	Must contain the words "Limited Liab	oility Company, "L.L	.C.," or "LLC.	")			
ARTICLE II - A	Address:						
	ress and street address of the	principal office	of the Lim	ited Liability Company is:			
Principal Office	Address:	Mailing A	Mailing Address:				
155 sw Old St Aug	8311 Brier (8311 Brier Creek Pkwy					
Madison FL 32340		#105-161					
Raleigh,			27617				
A 10-10-12-12-12-12-12-12-12-12-12-12-12-12-12-	n		orintornal	Agont's Signature			
ARTICLE III -	Registered Agent, Register Company cannot serve as its own Re	rea Unice, & K gistered Agent. You	.egistereu / must designate	agent's Signature:			
business entity with a	in active Florida registration.)		_				
The name and the	e Florida street address of th	e registered age	nt are:				
				A.L.			
Potawatomi Ottawa Properties, LLC (alina lidam							
	Na	me					
	155 sw Old St Augustine R	d					
	Florida street address (P		cceptable)	•			
Madison FL 32340							
	City		Zip	-			
	-		_				
Having been n	amed as registered agent and	d to accept servi	ce of proces	ss for the above stated limited			
liability con	npany at the place designated	in this certifica	te, I hereby	accept the appointment as			
registered ager	nt and agree to act in this cap	iacuy. I juriner ta parformanca :	agree to col of my duties	mply with the provisions of all s, and I am familiar with and			
siaiules relati	obligations of my position as	registered agen	t as provide	d for in Chapter 605, F.S			
uccepi inc	ongunona of my posmon w		.				
	Colina al	dun		_			
	Registered Agent's S	ignature (REQI	JIRED)	202			
				2022 FEB			
(CONTINUED)							
				·			

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Randall R Shepard Mgr 8311 Brier Creek Parkway Raleigh, NC 27617 Jill M Shepard Ambr 8311 Brier Creek Parkway Raleigh, NC 27617 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. If for any reason neither mgr or ambr are able, available all rights shall be transferred to lan R Shepard 2 Große Park Rd, Durham NC 27705 brove **REQUIRED SIGNATURE:** 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

Typed or printed name of signee

30

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)

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.

Randall R Shepard