# L22000 114731

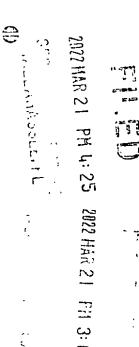
(	Requestor's Name)
(	Address)
(	(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



500384052265

03/22/22-+01001--009 \*\*150.00



FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

## PLEASE FILE THE ATTACHED CONVERSION FOR:

1. MAIN STREET TOWN CENTER LLC

PLEASE RETURN A STAMPED COPY

CHECK# 9220 FOR: \$150.00

THANK YOU!

## **Articles of Conversion**

For

## "Other Business Entity"

Into

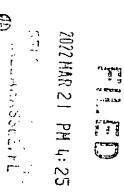
### Florida Limited Liability Company

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:
Main Street Town Center 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
(Enter state, or if a non-O.S. entity, the name of the country)
06-23-2005 on .
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Main Street Town Center 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.



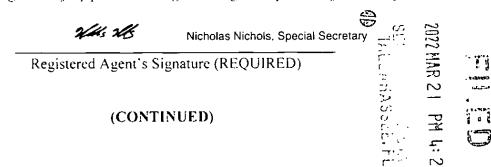
Signec	d this <u>21st</u>	day of March	_ 20_ 22
<u>Signat</u>	ture of Autho	orized Representative of Limi	ted Liability Company:
Signat	ure of Author	ized Representative: 2/1/2 2	K
Printec	l Name: Nichol	as Nichols	Title: Attorney-in-Fact
<u>Signat</u>	ure(s) on beh	alf of Other Business Entity:	See below for required signature(s)]
Cianati	ure: 2/1/3 2	K	
Printec	ure. I Name: Nichol	as Nichols	Title: Attorney-in-Fact
Signati	ure:		
Printed	d Name:		Title:
Printed	ure: 1 Name:		Title:
Timee	3 / vanie		
Signate	ure:	<u></u>	
Printed	i Name:		Title:
<b>C</b>			
Signati	ure:	<del></del>	Title:
rimed	i Name		
Signati	ure:		
Printed	d Name:		Title:
	rida Corporat	<u>ion:</u> an, Vice Chairman, Director, or	Officer
		ers have not been selected, an In	
11 15110	etors or office	is have not been selected, all in	corporator must sign.
		Partnership or Limited Liabili	ty Partnership:
Signat	ure of one Ger	neral Partner.	
IC Elec	dda Limitad I	Dants and is an I instead I inhili	to Limited Dawtneyshins
		<mark>Partnership or Limited Liabili</mark> General Partners.	ty Limited Partnership:
Jigitat	ares or <u>ALL</u> C	reneral radiots.	
All otl	hers:		
Signat	ure of an autho	orized person.	
Fees:			
	Articles of C	`onversion:	\$25.00
		rida Articles of Organization:	\$125.00
	Certified Co	-	\$30.00 (Optional)
	Certificate o		\$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Main Street Town Center LLC	
(Must contain the words "Limit	ed Liability Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10436 N VILLA RIDGE CT	10436 N VILLA RIDGE CT
FOUNTAIN HILLS, AZ 85268	FOUNTAIN HILLS, AZ 85268
	gistered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent are:
Corporate Creations	Network Inc.
<del></del> -	Name

Nan	ne
801 US Highway 1	
Florida street address (P.O	O. Box NOT acceptable)
North Palm Beach	<sub>FL</sub> 33408
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited 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..



A	DT		L L	117	
/-	ĸı	11.	ı.F.	1 V -	

as provided for in s.817.155, F.S.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	J BRUCE FORBES  1931 CORDOVA RD #220  FORT LAUDERDALE, FL 33316		
MGR	Lawrence J. Hix 10436 N VILLA RIDGE CT FOUNTAIN HILLS, AZ 85268		
	TOOM THEED, NE COLOR		
(Use attachment if necessary)			
CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
2/43 X/5			

Nicholas Nichols, Attorney-in-Fact

Typed 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)