# 22000134899

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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### COVER LETTER

TO:	New Filing Se Division of Co				
erib i	ECT: Shelby N	orth Farm I, LLC			
SOBI	ECT:	(Name of Resu	lting Florida Limit	d Com	pany)
The e Busin	nclosed Articles ess Entity" into	of Conversion, Article a "Florida Limited Lia	es of Organization	on, and	fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	e return all corre	spondence concerning	this matter to:		
Rory	O'Bryan				
		(Contact Person)			
Harris	son & Moberly, LL	.P			
		(Firm/Company)			
10 W	. Market Street, S	TE 700			
		(Address)		-	
India	napolis, Indiana 4	6204			
	((	City, State and Zip Code)		-	
robry	an@harrisonmob	erly.com			
E-	mail Address: (to b	e used for future annual rep	oort notifications)	•	
For f	urther informati	on concerning this mat	ter, please call:		
Rory	O'Bryan		at ( 317	639-	1511 time Telephone Number)
	(Name of Conta	nct Person)	(Area Code)	(Day	time Telephone Number)
Enclo dolla	osed is a check it	for the following amount a bank located in the	nt: (All checks p United States)	TOCCSS	ed by this office must be payable in US
(\$25.1 & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	X\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303

#### 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:  Shelby North Farm I, 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.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
Navember 29, 2018
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:  Shelby North Farm I, 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.

T IL ED 2022 Jan 31 PM 1:41 Secretary of State

Signed this 28	day of December	2021
	horized Representative of Limit	
Cionatura of Autho	orized Representative: mary she	elby taylor
Printed Name: Man	y Shelby Taylor	Title: Manager
() inted (vanie, <u>joses)</u>		
Signature(s) on be	ehalf of Other Business Entity: [	See below for required signature(s)
	Shelby Taylor Taylor (Jan 70, 2022 70:51 PST)	
Drinted Name: M	lany Shelhy Taylor	Title: Manager
rimed Name	ialy Siletoy Laylor	Title. Manager
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		_ Title:
0'		
Signature:		Title:
Filmed Name	***	Title.
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corner	ention.	
If Florida Corpor	man, Vice Chairman, Director, or	Officer
	icers have not been selected, an Inc	
	,	
If Florida Genera	l Partnership or Limited Liabili	ty Partnership:
Signature of one G	General Partner.	
	d Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL	General Partners.	
All others:		
Signature of an aut	thorized person.	
	<u>r</u>	
Fees:		
	f Conversion:	\$25.00
	lorida Articles of Organization:	\$125.00
Certified (		\$30.00 (Optional)
Certificate	of Status:	\$5.00 (Optional)

2022 JAN 31 PM 1:41

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Limited Liability Company	· 15.				
Shelby North Farm	I, LLC fust contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")				
ARTICLE II - A	ddress:	e principal office of the Limited L	Liability Company is:			
Principal Office	Address:	Mailing Address:				
107 PETERSON L	ANE	107 PETERSON LANE				
PALM HARBOR, F	L 34683	PALM HARBOR, FL 34683				
·	n active Florida registration.)					
The name and the	Florida street address of to MARY SHELBY TAYLOR	the registered agent are:	7 A			
The name and the	MARY SHELBY TAYLOR		<b>2022 :</b> کدن اهدار ۱			
The name and the	MARY SHELBY TAYLOR	Name	2022 JAN SEURE I TALLAHA			
The name and the	MARY SHELBY TAYLOR		2022 JAN 31 SEURETARY TALLAHASSE			
The name and the	MARY SHELBY TAYLOR	P.O. Box <u>NOT</u> acceptable)				
The name and the	MARY SHELBY TAYLOR  107 PETERSON LANE  Florida street address	Name P.O. Box <u>NOT</u> acceptable)	2022 JAN 31 PM 1: SEURLIARY OF STATIALLAHASSEE, FLOR			

(CONTINUED)

	T	7111	1	177	IV.
.,	14	- 1 - 1		P .	1 V -

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		
MGR	Mary Shelby Taylor	
		, , , ,
		<u>.</u>
(Use attachment if necessary)		ALC &
(Ose attachment it necessary)		SEUR ALLA
		HASIAN 3
ARTICLE V: Other provisions, if any.		SS ≥
		<del></del>
REQUIRED SIGNATURE:		
Mary Shelby Taylor		-
11 (r) 51/Fiby Taylor (Dec. +, 2021 3 / 4) 7571		
This document is executed in accordance	an authorized representative of a m with section 605.0203 (1) (b), Florida Statute ment to the Department of State constitutes a	es. I am aware that
Mary Shelby Taylor		
	ped or printed name of signee	
	Filing Fres	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)