12200145502

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	
(Dc	ocument Number)	<u> </u>
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



400383256644

03/16/22--01024--005 **150.00

-27

MARSH, MORIARTY, ONTELL & GOLDER, P.C.

ATTORNEYS AT LAW

PLEASE REPLY TO:
Patrick M. Delaney, Esq.
pdelaney@mmoglaw.com
99 ROSEWOOD DRIVE - SUITE 220
DANVERS, MASSACHUSEITS 01923
TEL. (617) 778-5100
TELECOPIER (617) 720-2565

March 15, 2022

The Centre of Tallahassee Division of Corporations – New Filing Section 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: SL Lakeland Partners, LLC

Dear Sir/Madam:

In connection with the above-referenced matter, enclosed please find our check in the amount of \$150.00 in representing the Filing Fees as well as all necessary documents for filing.

Thank you very much for your assistance with this matter.

Very truly yours.

Patrick M. Delaney

Catin Lelas

PMD
Enclosure
GARJM\50095\2021 Sale\Lir to FL Division of Corp.doex

COVER LETTER

TO: New Filing Section Division of Corpora					
SUBJECT: SL Lakeland Pa	artners, LLC				
30b31.c 1	(Name of Res	alting Florida Limit	ed Con	npany)	
				d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.	r
Please return all correspond	dence concerning	g this matter to:			
Patrick Delaney					
(Co	ntact Person)		•		
Marsh, Moriarty, Ontell & Gol	der, P.C.				
(Fire	n/Company)		•		
99 Rosewood Drive, Suite 22	0				
(Address)				
Danvers, MA 01923					
(City, St	ate and Zip Code)				
pdelaney@mmoglaw.com					
E-mail Address: (to be used	for future annual rep	port notifications)			
For further information cor	ncerning this mat	tter, please call:			
Patrick Delaney		_at (617	778-5	5123	
(Name of Contact Pers	on)	(Area Code)	(Day	time Telephone Number)	
Enclosed is a check for the dollars and drawn on a ban	-		rocess	sed by this office must be payable in US	
	55.00 Filing Fees certificate of	☐\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section				Address: Filing Section	
Division of Corpora	itions		Divisi	on of Corporations	
P.O. Box 6327			The C	entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: SI Lakeland Partners, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is alimited 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-U.S. entity, the name of the country)
06/12/2019
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SL Lakeland Partners, 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 7th _____ day of February, 2022 ____ 20_____. Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative:

Printed Name: Henry Loborar 7 Printed Name: Henry LeBaron Preston Title: Manager Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: ____ Printed Name: Henry LeBaron Preston Title: Authorized Signatory Signature: Printed Name: _____ Title: _____ Signature: Printed Name: ______ Title: _____ Signature: Printed Name: ______ Title: _____ Signature: Printed Name: _____ Title: _____ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - :	Name:
---------------	-------

The name of the Limited Liability Company is:

St. Lakeland Partners, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

c/o Preston Giuliano Capital Partners LL
6830 Porto Fino Circle
Fort Myers, FL 33912

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Henry LeBaron Preston	
Na	me
6830 Porto Fino Circle	
Florida street address (P	O. Box NOT acceptable)
Fort Myers	FL ³³⁹¹²
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 existered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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	Preston Giuliano Capital Partners LLC	
	C/O Henry Lebaron Preston	
	6830 Porto Fino Circle, Suite 2, Fort Myers FL 33912	
(Use attachment if necessary)		
LE V: Other provisions, if any.		
		
·	<u> </u>	
DEQUIDED SIGNATURE))	
REQUIRED SIGNATURE:	/ /	
(X	V	

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 document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Henry LeBaron Preston, Manager of Preston Giuliano Capital Partners, LLC

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)