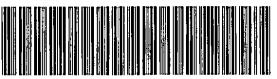
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| (Requestor's Name) | | |
|---|-------------|---------------------|
| (Address) | 000382 | 916 |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | 03/04/22 | 01824 |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | IALL A |
| | S. CHATHAM | WASSE |
| Received 11 15th | APR 18 2022 | ALLAHASSEE, Presige |
| 11 15th | | |

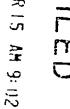
Office Use Only



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023 **:50.00

SECRETARY OF STATE 22 APR 15 AH 9: 1)2





RECEIVED

2022 APR 15 AM 7:56

SECRETATION STATE TALLAHASSEE, FL

March 24, 2022

DAVID J FYFFE 5334 FAYWOOD CT ORLANDO, FL 32819 US

SUBJECT: PEAK DEVELOPMENT LLC

Ref. Number: W22000038427

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the <u>electronic filing cover sheet</u>.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P07000051158.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 222A00006940

PILED

22 APR 15 AH 9: 02

SECRETARY OF STATE

ALL ARRIVANT

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|--|--|
| SUBJECT: Faywood Properties LLC | |
| 3013EC1: | esulting Florida Limited Company) |
| | icles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerni | ing this matter to: |
| David Fyffe | |
| (Contact Person) | |
| Faywood Properties LLC | |
| (Firm/Company) | |
| 5334 Faywood Ct | |
| (Address) | |
| Orlando, FL 32819 | |
| (City, State and Zip Code) |) |
| peakdevelopment@yahoo.com | |
| E-mail Address: (to be used for future annual | report notifications) |
| For further information concerning this m | natter, please call: |
| David Fyffe | at ()_721-0720 |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| dollars and drawn on a bank located in the | S180.00 Filing Fees S185.00 Filing Fees, |
| (\$25 for Conversion and Certificate of \$125 for Articles of Organization) | and Certified Copy Certified Copy, and Certificate of Status |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8105 Tallahassee, FL 32303 |

Articles of Conversion

For

"Other Business Entity"

nto

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.

| Peak Development LLC . The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Limited Liability Company |
| First organized, formed or incorporated under the laws of |
| on (date of organization, formation or incorporation) |
| (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Faywood 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.

PILED

22 APR 15 AM 9: 02

SECRETARY OF MAIL
FALLAHASSY FOR MAIL

| Signed this 6 | day of April | 20.22 |
|---|--------------------------|--|
| Signature of Auth | uorized Representative | of Limited Liability Company: |
| Signature of Author | orized Representative: _ | 1 |
| Signature(s) on be | half of Other Business I | Entity: [See below for required signature(s)] |
| Signature:Printed Name: David | Fyffe | Title: President |
| Signature: Printed Name: | | Title: |
| Signature: | | Title: |
| Signature: | | |
| Printed Name: | | Title: |
| Signature: Printed Name: | | Title: |
| Signature: Printed Name: | | Title: |
| | nan, Vice Chairman, Dire | ector, or Officer. ed, an Incorporator must sign. |
| If Florida General Signature of one Go | | d Liability Partnership: |
| If Florida Limited Signatures of ALL | | d Liability Limited Partnership: |
| All others: Signature of an autl | horized person. | |

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ~ · |
|---|
| Company is: |
| |
| 'Limited Liability Company, "L.L.C.," or "LLC.") |
| Limited Liability Company. E.C.C., or face. / |
| |
| ress of the principal office of the Limited Liability Company is: |
| Mailing Address: |
| Faywood Properties LLC |
| 5334 Faywood Ct |
| Orlando, FL 32819 |
| as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are: |
| |
| Name |
| Ct |
| address (P.O. Box NOT acceptable) |
| FL 32819 |
| City Zip |
| • |
| Agent and to accept service of process for the above stated limite designated in this certificate, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of and complete performance of my duties, and I am familiar with analysistion of registered agent as provided for in Chapter 605, F.S Agent's Signature (REQUIRED) Agent's Signature (REQUIRED) |
| |

ARTICLE IV-

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

| "AMBR" = Authorized Member | | |
|--|---|--|
| | | |
| "MGR" = Manager | | |
| MGR | David Fyffe | |
| | 5334 Faywood Ct | |
| | Orlando, FL 32819 | |
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| (Use attachment if necessary) | | |
| LE V: Other provisions, if any. | | |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum | r an authorized representative of a memory with section 605.0203 (1) (b), Florida Statutes. I tument to the Department of State constitutes a third | am aware tl |
| Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155. F.S. David Fyffe | re with section 605.0203 (1) (b), Florida Statutes, I ument to the Department of State constitutes a third | am aware tl |
| Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155. F.S. David Fyffe | yped or printed name of signee | am aware the degree felo |
| Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. David Fyffe T | yped or printed name of signee Filing Fees | am aware t I degree fel |
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| Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. David Fyffe T | yped or printed name of signee Filing Fees of Organization and Designation of Reg | am aware the degree felonial SECRETER |
| Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155. F.S. David Fyffe T \$125.00 Filing Fee for Articles | yped or printed name of signee Filing Fees of Organization and Designation of Rej | am aware the degree felo |
| Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155. F.S. David Fyffe T \$125.00 Filing Fee for Articles | yped or printed name of signee Filing Fees of Organization and Designation of Rej | am aware the degree felonister ed. SECRET ed |
| Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155. F.S. David Fyffe T \$125.00 Filing Fee for Articles | yped or printed name of signee Filing Fees of Organization and Designation of Rej | am aware the degree felo |



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: PEAK DEVELOPMENT LLC

 File Number:
 202029410186

 Registration Date:
 10/16/2020

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of February 27, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 28, 2022.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: R4NDDNW

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index