# L22000238873

(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



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Conversion



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#### **CT CORP** (850) 656-4724 3458 lakesore Drive

Tallahassee, FL 32312

01/15/2025

Da	Acc#120160000072				
	Acc#I20160000072				
Name:	Pointe Grand Plant City, LLC				
Document #:					
Order #:	16095254				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good	1-2 filing				
Standing: Certified Copy of	☐ conversion 1st - registration 2nd				
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:				
Filing:	Certified:				
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 55.00				
	Thank you!				

#### **COVER LETTER**

TO:	Registration S Division of Co				
SHRJ	FCT. Pointe Gran	nd Plant City, LLC			
00100		Name of Florida I	Limited Liabil	ity Compar	ny
Limite	nclosed Articles ed Liability Con 1045, F.S.	of Conversion and fe npany" into an "Other	e(s) are sub Business E	mitted to ntity" in a	convert a Florida accordance with
Please	return all corre	spondence concerning	g this matter	to:	
Seth L	. Coleman				
	<u></u>	Contact Person			
Hillpo	inte, LLC				
-		Firm/Company			
101 S.	New York Avenue	e, Suite 211			
		Address	·		
Winter	r Park, Florida 327	89		<del>_</del>	
	C	ity, State and Zip Code			
	man@hillpointe.co	m be used for future annual r	eport notificat	ion)	
		on concerning this ma			
Seth L. Coleman			at ( <u></u>	) 20	7-4167
	Name of Contact Person Area Code and Daytime Telephone Number				
Enclo	sed is a check f	or the following amou	int:		
□ \$2	5.00 Filing Fee	S30.00 Filing Fee and Certificate of Status	□\$55.00 F and Certific	_	☐ \$60.00 Filing Fee. Certified Copy, and Certificate of Status
Regis Divis P.O.	ing Address: stration Section ion of Corporat Box 6327 hassee, FL 3231		R D Ti 2-	ivision of ne Centre H5 N. Me	ress: n Section Corporations of Tallahassee onroe Street, Suite 810 rest. FL 32303

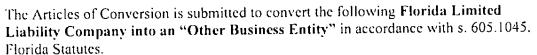
CR2E106 (05/17)

FILED

2025 JAN 15 AM 10: 58

## Articles of Conversion For Florida Limited Liability Company

### "Converted or Other Business Entity"



Pointe Grand Plant City, LLC				
Enter Name of Florida Limited Liability Company				
2. The name of the "Converted or Other Business Entity" is:				
Pointe Grand Plant City, LLC				
Enter Name of "Converted or Other Business Entity"				
3. The "Converted or Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)				
organized, formed or incorporated under the laws of				
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.				
5. This conversion shall be effective in Florida on:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State: AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")				
<u>Note:</u> 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.				

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	101 S. New York Avenue, Suite 211			
2.0000,700	Winter Park, Florida 32789			
Mailing Address:	101 S. New York Avenue, Suite 211			
Manning Madress.	Winter Park, Florida 32789			
appraisal rights the and 605.1061-605		e entitled under ss. 605.1006		
Signed this	day ofdanuary	20 <u></u> .		
Signature: Stuum	Campisi  Must be signed by a Member or Author	orized Representative		
Printed Name: Steve	n J. Campisi Title: Author	rized Representative		
Fees: Filing Fee: Certified Cop				

Page 2 of 2