L22000336991

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

Office Use Only



900389910989

06/27/22--01037--017 **150.00

GEORÉ IGRY OF STATE ALLAHASSEEL FLORIDZ 7000 IIIW 27 DM 5.1



COVER LETTER

TÖ:	New Filing S Division of C				
SUR	JECT: MOUNT	JOY PROPERTY GROU	JP, LLC		
		(Name of Re	sulting Florida Lim	ited Con	npany)
					nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	se return all com	respondence concernin	g this matter to:		
Harris	son W. Poole				
	<u>-</u>	(Contact Person)		_	
Poole	e & Poole, P.A.				
	_	(Firm/Company)		_	
303 C	Centre Street, Ste	200			
		(Address)	•	_	
Ferna	andina Beach, FL	. 32034			
		City, State and Zip Code)		_	
harris	sonpoole@poolea	andpoolelaw.com			
E-	mail Address: (to l	pe used for future annual re	port notifications)	_	
For fi	urther informati	on concerning this ma	tter, please call:		
Harris	son W. Poole		_at (261-0	0742
	(Name of Conta	act Person)	(Area Code) (Day	rtime Telephone Number)
		for the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees for Conversion 5 for Articles ganization)	□\$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				t Address:
	Division of C				Filing Section ion of Corporations
	P.O. Box 632	.7		The C	Centre of Tallahassee
	Tallahassee,	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Mountjoy Property Group
(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
August 13, 2019
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:
Mountjoy Property Group, 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.

2022 JUN 27 PM 5: 49

Signed this 25 day of 5 me	_ 20 <u>_ 3 </u>
Signature of Authorized Representative of Limi	ted Liability Company:
Simon SAND I BOND I MARKET	- 1/1/1-
Signature of Authorized Representative: ///// Printed Name: Matthew Mountjoy	Title Member
Finited Name, Matthew Mountagy	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
	-
Signature:	- •
Printed Name: Matthew Mountfoy	Title: Member
6:	
Signature:Printed Name:	Tids.
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
0.	
Signature:	72.1
Printed Name:	Intle:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	corporator must sign.
MCD 1 Community of the state of	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
Signature of one ocheral Farmer.	
If Florida Limited Partnership or Limited Liabilit	v 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:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

1-11-E-D 2022 JUN 27 PM 5: 49

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - I						
The name of the	e Limited Liability Company	is:				
Mountjoy Proper		<u> </u>	_ .			
	(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")				
ARTICLE II -	Address:					
The mailing add	dress and street address of the	principal office of the Limited	Liability Company is:			
Principal Offic	<u>:e Address:</u>	Mailing Address:				
3100 South Flete Fernandina Bead		3100 South Fletcher Avenue Fernandina Beach, FL 32034				
-emandina bead	un, rt 32034	remandina beach, FL 32034	<u>• </u>			
		-				
The Limited Liabili business entity with	ty Company cannot serve as its own Ri i an active Florida registration.)	red Office, & Registered Agen egistered Agent. You must designate an ind				
I'he name and t	he Florida street address of th	ne registered agent are:				
	Matthew Mountjoy					
		nme				
	2100 South Florence Avenue		for the above stated limited eccept the appointment as ply with the provisions of all and I am familiar with and			
	3100 South Fletcher Avenu	P.O. Box <u>NOT</u> acceptable)				
	Fernandina Beach	FL 32034				
	City	Zip				
liability co registered ago statutes rela	ompany at the place designated ent and agree to act in this cap tting to the proper and comple	d to accept service of process for d in this certificate, I hereby acce pacity. I further agree to comply te performance of my duties, and registered agent as provided for	pt the appointment as with the provisions of all I am familiar with and			
	Registered Agent's	ignature (REQUIRED)				

ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Matthew Mountjoy		
	3100 South Fletcher Avenue		
	Fernandina Beach, FL 32034		
AMBR	Jennifer Mountjoy		
	3100 South Fletcher Avenue		
	Fernandina Beach, FL 32034		
			
			
		~	
		એ દ	
(Use attachment if necessary)	> = = = = = = = = = = = = = = = = = = =	2022 JUN 27	-
	<i>P</i>	·公 公	_
TICLE V. Other provisions if any	<u>-</u>	1 1	
TICLE V: Other provisions, if any.	<u>. —</u>	is TP	
		<u>≥</u> Ω	. (
		m 49	-

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.

Matthew Mountage 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)