3000011866

(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:	

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01/04/23--01032--002 **185.00

COVER LETTER

Division of Cor	I						
SUBJECT: Storage of	Overland Park LLC	;					
Jobnes I.	(Name of R	esultin	g Florida Limi	ted Con	npany)		
The enclosed Articles of Business Entity" into a	f Conversion Art "Florida Limited	icles c Liabil	of Organizati ity Company	on, an ⁄" in a	id fees are submitted to convert are coordance with s. 605.1045, F.S.	ı "Other	
Please return all corresp	ondence concern	ng thi	is matter to:				
Peter J. Hutson							
	(Contact Person			-			
Church, Church, Hittle + /	Antrim						
	(Firm/Company			-			
2 N Ninth Street							
	(Address)						
Noblesville, IN 46060							
<u> </u>	. State and Zip Code			-			
_	, State and Zip Code)					
phutson@cchalaw.com							
E-mail Address: (to be u	sed for future aminual	report i	notifications)				
For further information	concerning this n	atter.	please call:				
Peter J. Hutson		at	(773-2	2190		
(Name of Contact I	Person)	aı	(Area Code)		time Telephone Number)		
Enclosed is a check for dollars and drawn on a l				rocess	sed by this office must be payable	in US	
•	D\$155.00 Filing Fees ad Certificate of tatus		\$180.00 Filing I Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Addres New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations			New I Divisi The C 2415 I	Filing Section on of Corporations lentre of Tallahassee N. Monroe Street, Suite \$10,778, assee, FL 32303	2023 JAN -4 PM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

INHS11 (7/17)

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

	ched Articles of Organization are submitted to convert the following
"Other Business Entity" into a Flo	rida Limited Liability Company in accordance with \$,605,1045, Florida
Statutes.	
1. The name of the "Other Business	Entity" immediately prior to the filing of the Articles of Conversion is:
Storage of Overland Park, LLC	
(Enter	Name of Other Business Entity)
-/ The "Ulher Business Entity is a	imited liability company
(Enter entity type. Example:	corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporat	ed under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
03/02/2018	
on(date of organization, formation or incor	<u></u>
(date of organization, formation of incor	pontion)
3. The name of the Florida Limited I	iability Company as set forth in the attached Articles of Organization:
Storage of Overland Park, LLC	
(Enter Name of	Florida Limited Liability Company)
4. If not effective on the date of filin	g, enter the effective date:
(The effective date: Cannot be prio	to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by tl	
	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.

2023 JAN -4 PH 5: III

Signed this 27 day of Decemb	per	_ 20_ 22
Signature of Authorized Representa	ative of Limit	ed Liability Company:
Signature of Authorized Representative Printed Name: Sanjay Patel	ve: <u>Mal/</u>	· · · · · · · · · · · · · · · · · · ·
Signature(s) on behalf of Other Busin		
Signature: Printed Name: Hiren Patel	<i></i>	Title: Member
no port)	Title. Member
Printed Name: Neal Patel	'	Title: Member
Signature:Printed Name:		Title:
Signature:Printed Name:		_ Title:
Signature:Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se		
If Florida General Partnership or Lir Signature of one General Partner.		
If Florida Limited Partnership or Lin Signatures of ALL General Partners.	nited Liability	: Limited Partnership:
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Org Certified Copy: Certificate of Status:	ganization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

2023 JAN -4 PM 5: 11

SEGRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Li	ability Company is:	
	-	
Storage of Overland Park, LL		
(Must contain t	ne words "Limited Liability Company, "L.L C" or "L.L.C."	")
ARTICLE II - Address:		
	eet address of the principal office of the Lim	situal Linkility Commons in
ine maning address and sa	eet address of the principal office of the Emi	inted Liability Company is:
Principal Office Address:	Mailing Address:	
	Maring 14dd Con.	
6001 Broken Sound Pkwy NV	V 6001 Broken Sound Pky	wy NW
Suite 404	Suite 404	
Boca Raton, FL 33487	Boca Raton, FL 33487	
ARTICLE III - Registered	Agent, Registered Office, & Registered A	Agent's Signature:
The Limited Liability Company can	not serve as its own Registered Agent. You must designate	an individual or another
business entity with an active Florid	a registration.)	
The name and the Florida st	reet address of the registered agent are:	
	, and the second	
Sanjay P	'atel	
	Name	
	oken Sound Pkwy NW. Suite 404	
Florida	street address (P.O. Box NOT acceptable)	
Boca Ra	ton 33487	
	l'I.	
	City Zip	
Maring book was a sun of an are	later and a sure of the same o	
Taving veen namea as re Tabilin aamaan at d	gistered agent and to accept service of proces.	s for the above stated limited
rapictored arous and arms	place designated in this certificate. Thereby,	accept the appointment as
registered agent and agree	to act in this capacity. I further agree to con	uply with the provisions of all
accent the obligations	oper and complete performance of my duties, of my position as registered agent as provided	and Fam Jamiliar With and
accept the ornigations	oj niv posuton us registerea agent as provided	i jor in Chapier 605, 15.8
	4.0	
	Shall Provident	
Regi	stered Agent's Signature (REQUIRED)	_
	-8 (NBQ 0 MBD)	
		20 Si
	(CONTINUED)	

(CONTINUED)

2023 JAN -4 PM 5: 11 SECRETARY OF STATE

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Sanjay Patel
WOI	6001 Broken Sound Pkwy NW. Suite 404
	Boca Raton, FL 33487
The Part Laboratory	
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	
	HN P. I.
required signature:	Sell Praisent
Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware t
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155 F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware t
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155 F.S. Sanjay Patel	

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

STORAGE OF OVERLAND PARK, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 02, 2018, and was in existence or authorized to transact business in the State of Indiana on December 29, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 29, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

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All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on January 28, 2023.