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(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Cherry Road Storage, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion. Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Peter J. Hutson			
(Contact Per	son)		
Church, Church, Hittle + Antrim			
(Firm/Compa	any)		
2 N Ninth Street			
(Address			
Noblesville, IN 46060			
(City, State and Z	lip Code1		
phutson@cchalaw.com			
E-mail Address: (to be used for future	annual report notifications)		
For further information concerning	g this matter, please call:		
Peter J. Hutson	at (317) 7	773-2190	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the follow dollars and drawn on a bank locate		ecessed by this office must be p	ayable in US
□ \$150.00 Filing Fees □\$155.00 Fil (\$25 for Conversion and Certificate & \$125 for Articles Status of Organization)		ees S185.00 Filing Fees. Certified Copy. and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D T1 24	treet Address: ew Filing Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 81 allahassee, FL 32303	0
INHS11 (7/17)			-1 PH 2:30

<u>Articles of Conversion</u> For <u>"Other Business Entity"</u> Into 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Cherry Road Storage LLC

(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.)

First organized, formed or incorporated under the laws of ______

(Enter state, or if a non-U.S. entity, the name of the country)

05/24/2021 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:

Cherry Road Storage, LLC

(Enter Name of Florida Limited Liability Company)

12/31/2022

4. If not effective on the date of filing, enter the effective date: <u>1210 (2022</u>). (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.)

<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.

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.

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e e e e e e				
Signed this <u>27</u> day of <u>Dec</u>	ember	2022		
Signature of Authorized Repres	entative of Lim	ited Liability Company:		
Signature of Authorized Represen Printed Name: Sanjay Patel	ative:		_	
Signature(s) on behalf of Other B	usiness Entity:	[See below for required signature(s)]		
Signature: 7.42 Printed Name: <u>Hiren Patel</u>		Title: Member	_	
Signature: <u>Meal Parto</u>				
Printed Name: Neal Patel	<i>, \p</i>	Title: Member		
Signature: Printed Name:		Title	_	
		Title:		
Printed Name:			_	
Signature: Printed Name:		Title:	_	
Signature: Printed Name:			_	
If Florida Corporation: Signature of Chairman, Vice Chairn If Directors or Officers have not be If Florida General Partnership or	nan, Director, or in selected, an In	Officer. corporator must sign.	_	
Signature of one General Partner. If Florida Limited Partnership or Signatures of <u>ALL</u> General Partner	<u>Limited Liabili</u> s.	ty Limited Partnership:		
<u>All others:</u> Signature of an authorized person.				
<u>Fees:</u>				
Articles of Conversion: Fees for Florida Articles of Certified Copy: Certificate of Status:	Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	• .	2523
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cherry Road Storage, LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
6001 Broken Sound Pkwy NW	6001 Broken Sound Pkwy NW
Suite 404	Suite 404
Boca Raton, FL 33487	Boca Raton, FL 33487

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:

San	ay Patel	
	Nan	ne
600	I Broken Sound Pkwy N	W, Suite 404
Flo	rida street address (P.0	D. Box <u>NOT</u> acceptable)
Boca	Raton	FL ³³⁴⁸⁷
	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. Thereby 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 registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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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	Sanjay Patel
	6001 Broken Sound Pkwy NW. Suite 404
	Boca Raton, FL 33487
	· ··
(Use attachment if necessary)	
<u>REQUIRED</u> SIGNATURE:	
- And	All Provident
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 docu	ment to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	
Sanjay Patel	
	ped or printed name of signee
	Filing Fees
\$125.00 Filing Fee for Articles o	of Organization and Designation of Registered Ag
\$ 30.00 Certified Copy (Option	
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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

CHERRY ROAD STORAGE LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 24, 2021, and was in existence or authorized to transact business in the State of Indiana on December 28, 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 28, 2022

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HOLLI SULLIVAN SECRETARY OF STATE

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202105241493040 / 20222933109 All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on January 27, 2023.