## L23000056019

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Office Use Only



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SECRETARY OF STATE

2023 FEB -6 AM 11: 43

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### FLORIDA FILING & SEARCH SERVICES, INC.

### P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/6/2023

NAME: SOUTH CLINTON VILLAGE, LLC

TYPE OF FILING: CONVERSION

COST:

185.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

то:	New Filing Se Division of Co				
SUR	JECT: South Cli	nton Village, LLC			
000	JEC 11	(Name of Res	ulting Florida Limit	ed Com	pany)
The o	enclosed Anicles ness Entity" into	of Conversion, Articl a "Florida Limited Lia	es of Organization	on, and	d fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Pleas	e return all corre	spondence concerning	g this matter to:		
Susa	n M. Recchia				
		(Contact Person)	· · · · · · · · · · · · · · · · · · ·		
Sout	h Clinton Village, l	LLC			
		(Firm/Company)			
1401	Georgiana Terrac	e			
		(Address)		-	
The \	Villages, FL 32162	!			
	(0	City, State and Zip Code)		-	
suere	ecchia@gmail.con	ר			
E-	-mail Address: (to b	e used for future annual re	port notifications)	-	
For f	inther information	on concerning this ma	tter, please call:		
Susa	an M. Recchia		_at (	644-6	5381
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(S25) & S10	50.00 Filing Fees for Conversion 25 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		S\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

# PILEU 123 FEB -6 AMIIII ECRETARY OF SIX

### Articles of Conversion For "Other Business Entity" 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:  South Clinton Village, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
October 4, 2006
October 4, 2006 On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Scuth Clinton Village, 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.

Signed this 5th day of February	20_23
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Pcuc Printed Name: Paul A. Betlem	Title: Authorized Member
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]
Signature: Paul A. Betlem  Printed Name: Paul A. Betlem	<del>,</del>
Signature: Poul A Bottom	Tista, cole member
Printed Name: Paul A. Bedem	Title: sole member
Signature:	
Printed Name:	Title:
Signature: Printed Name:	Title:
Printed Name:	_ Tide
Signature:	
Signature:Printed Name:	_ Title:
0.	
Signature:Printed Name:	Title:
Princed Name:	
Signature:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Chairman, Direct	Officer
If Directors or Officers have not been selected, an Inc	
a partition of the same and the	
If Florida General Partnership or Limited Liabilit	y Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the f	Limited Liability Compan	y is.	
South Clinton Villa		liability Company, "L.L.C.," or "LLC.")	
(.)	Aust contain the words. Limited L	raditty Company, U.I.C., Or GLO. )	
ARTICLE II - A The mailing addr		he principal office of the Limited I	Liability Company is:
Principal Office	Address:	Mailing Address:	
1401 Georgiana To	errace	1401 Georgiana Terrace	
The Villages, FL 3	<del></del>	The Vilages, FL 32162	
The name and the	Susan M. Recchia	the registered agent are:  Name	2023 FEB -6 SECRETARY
	1	Name	B
	1401 Georgiana Terrace		NASSE NASSE
	Florida street address	(P.O. Box NOT acceptable)	
	The Villages	FL 32162	AHII: 43
	City	Zip	न्ति क
liability con registered ager statutes relati	npany at the place designa it and agree to act in this c ing to the proper and comp obligations of my position of	and to accept service of process for ted in this certificate, I hereby accept capacity. I further agree to comply to blete performance of my duties, and as registered agent as provided for	pt the appointment as with the provisions of ali I am familiar with and

(CONTINUED)

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

	<del></del>	
AMBR" = Authorized Member		
'MGR" = Manager AMBR	Paul A. Betiem	
NUDIC	2196 Darlington Drive	
	The Villages, FL 32162	<del></del>
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		<u> </u>
		337
Use attachment if necessary)		SE 0
		Tier.
F.V. Other provisions if any		31/4 5 FL
LE V: Other provisions, if any.		STATE
LE V: Other provisions, if any.		STATE
LE V: Other provisions, if any.		STATE
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REQUIRED SIGNATURE:	; <sub>(-</sub>	STATE
	1/2/ (1-1-	STATE
REQUIRED SIGNATURE:		TATE
REQUIRED SIGNATURE:	an authorized representative of a member	TATE
Signature of a member or This document is executed in accordance any false information submitted in a document in		r aware ti
Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am	r aware t
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.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am	r aware t
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. Paul A. Betlem	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am	r aware t