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| (Requestor's Name) |
|-----------------------------------------|
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| XX | РНОТОСОРУ | |
| | CUS | |
| xx | FILING | CONVERSION |
| | CENTURY PLAZA NORTI | HFORK, LLC NT #) |
| | (CORPORATE NAME AND DOCUME | NT #) |
| ,. | (CORPORATE NAME AND DOCUME) | NT #) |
| | (CORPORATE NAME AND DOCUME) | NT #) |
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| PECIA NSTRU | CORPORATE NAME AND DOCUMENT L CTIONS: | NT #) |

COVER LETTER

| TO: New Filing Se Division of Co | | | | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|---------------------|-------------------------------------------------------------------------|
| SUBJECT: Century F | • | | | |
| 30b/LC1 | | sulting Florida Limit | ed Comp | any) |
| The enclosed Articles Business Entity" into | of Conversion, Artic a "Florida Limited Li | les of Organizati ability Company | on, and " in acc | fees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Please return all corre | spondence concernin | g this matter to: | | |
| Randel S. Moore | | | | |
| | (Contact Person) | | | |
| Crossgate Partners, LL | С | | | |
| | (Firm/Company) | | | |
| 7320 McGinnis Ferry R | oad | | | |
| | (Address) | <u>.</u> . <u>-</u> | | |
| Suwanee, GA 30024 | | | | |
| (C | ity, State and Zip Code) | | | |
| rmoore@crossgateparti | ners.com | | | |
| E-mail Address: (to be | used for future annual re | port notifications) | | |
| For further informatio | n concerning this ma | iter, please call: | | |
| Christine R. Norstadt | | _at (_ ⁴⁰⁴ | 665-12 | 25 |
| (Name of Contac | t Person) | (Area Code) | (Daytii | me Telephone Number) |
| Enclosed is a check fo dollars and drawn on a | | | ocesse | d by this office must be payable in US |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | □\$180,00 Filing and Certified Cop | <i>:</i> | □S185.00 Filing Fees. Certified Copy, and Certificate of Status |
| Mailing Addre | <u> 288:</u> | | Street A | Address: |
| New Filing See | ction | | New Fi | ling Section |
| Division of Co | • | | | n of Corporations |
| P.O. Box 6327 | | · | The Cer | itre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

2023 FEB 15 PM 6: 48
SECRETARY OF STATE

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: Century Plaza Northfork, 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. |
| (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) |
| May 18, 1993 |
| on May 18, 1993 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Century Plaza Northfork, 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 21st day of December | 20_22 | |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| Signature of Authorized Representative of Limi | ited Liability Company: | |
| Signature of Authorized Representative: Printed Name: Randel S. Moore | Title: Manager of Crossgate Partners. Century Plaza Northfork, LLC | LLC, manager of |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) | |
| Signature: Printed Name: Randel S. Moore | Title: Manager of Crossgate Partners. Plaza Northfork, LLC | LLC, manager of Century |
| Signature: Printed Name: | | - |
| Signature:Printed Name: | Title: | |
| Signature:Printed Name: | Title: | - - |
| Signature:Printed Name: | Title: | - - |
| Signature:Printed Name: | _ Title: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | Officer. | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | ty Partnership: | |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: | |
| All others: Signature of an authorized person. | | |
| Fees: | | 2023 SEC: TA! |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | FILED 2023 FEB 15 PH 6: 48 SECRETARY OF STATE TALLAMAS SEE TATE |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | TEORIDA LIMITED LIA | BIEIT I COMI ANI |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| The name of the Limited Liability Company | is: | |
| Century Plaza Northfork, LLC | bility Company, "L.L.C.," or "LI.C.") | |
| (Must condim the Words Limited Lia | inity Company, "L.L.C., or LDC.) | |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limite | ed Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 7320 McGinnis Ferry Road | 7320 McGinnis Ferry Roa | d |
| Suwanee, GA 30024 | Suwanee, GA 30024 | |
| business entity with an active Florida registration.) The name and the Florida street address of the Peter Ray | ne registered agent arc: | |
| | nme | |
| 712 U.S. Highway One, Fo | urth Floor | |
| | O.O. Box NOT acceptable) | |
| North Palm Beach | FL ³³⁴⁰⁸ | |
| City | Zip | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as | l in this certificate, I hereby ac pacity. I further agree to comp te performance of my duties, a | cept the appointment as ly with the provisions of all nd I am familiar with and |
| Registered Agent's S | ignature (REQUIRED) | |
| (CONT) | INUED) | 2023 FEB 15 P SECRETARY C TALLAHASSI |
| | | May 3 El |

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|-----|-------|---|-----|------|------|
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Randel S. Moore

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

| Title: "AMBR" = Authorized Member | Name and Address: |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "MGR" = Manager MGR | Crossgate Partners, LLC 7320 McGinnis Ferry Road Suwanee, GA 30024 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| LE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | |
| This document is executed in accordance | an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware the nent to the Department of State constitutes a third degree felo |

Typed or printed name of signee

Filing Fees

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)