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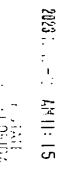
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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: LAND O LAKES PLAZA, LLC		
(Name of Res	sulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li		on, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
PAUL M PHILLIPS		
(Contact Person)		
WESTCHASE LAW, P.A.		
(Firm/Company)		
12029 WHITMARSH LANE		
(Address)		
TAMPA, FL 33626		
(City, State and Zip Code)		
PAUL@WESTCHASELAW.COM		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	tter, please call:	
PAUL M PHILLIPS	_at (435-3568
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		rocessed by this office must be payable in US
\$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing and Certified Cop	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 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: LAND O LAKES PLAZA, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (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)
06/16/2014 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:
LAND O LAKES PLAZA, 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.)
<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.



Signed this 28 day of February	20 23 .
Signature of Authorized Representative of Limi	ted-Liability Company:
Signature of Authorized Representative: Printed Name: PAUL JALLO	TING MANAGER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: RAUS ALLO	Title: PRESIDENT
Signature: Printed Name: PAUL SALLO	
Signature: Printed Name: PAUL JANO	Title: DIRECTOR
Signature: Printed Name:	Title:
Signature:Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. N.	
ARTICLE I - Name:	
The name of the Limited Liability Company	VIS:
LAND O LAKES PLAZA, LLC	
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	1 1 1 60 C. C. L. L. C. L.
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6442 LAND O LAKES BLVD	16055 STATE ROAD 52
LAND O LAKES, FL 34637	SUITE 201
	LAND O LAKES, FL 34638
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	the registered agent are:
WESTCHASE LAW, P.A.,	. A PRIVATE LAW FIRM
N	lame

12027 WHITMARSH LANE
Florida street address (P.O. Box NOT acceptable)

TAMPA FL 33626

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. I hereby 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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	PAUL JALLO
	16055 STATE ROAD 52, SUITE 201
	LAND O LAKES, FL 34638
	•
	
(Use attachment if necessary)	
•	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signatura of mambar ar	an authorized representative of a member
This document is executed in accordance	e with section 605,0203 (1) (b), Florida Statutes, I am aware tha
	ament to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	· · · · · · · · · · · · · · · · · · ·
·	
PAUL JALLO	

Typed or printed name of signee

Filing Fees

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

\$ 5.00 Certificate of Status (Optional)