L23000 201 257

(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:

Office Use Only



000405520280

03/31/23--01019--019 **150.00

Z3 MAR 31 PH 3: 115
SECIGIANT PH 3: 115
FALLAHASSI PH 1: 125

COVER LETTER

Division of Corporations			
SUBJECT: CO NORTH, LLC			
(Name	of Resulting Florida Limit	ted Company)	
The enclosed Articles of Conversion, Business Entity" into a "Florida Limi			
Please return all correspondence cond	cerning this matter to:		
Bryan J. Rush			
(Contact Person))	-	
Astor Walker & Co.			
(Firm/Company))	-	
2121 Biscayne Blvd #1477			
(Address)		<u>-</u>	
Miami, FL 33137		_	2: TAI
(City, State and Zip (Code)		Z3 HAR (
bryan.rush@astorwalkerco.com		_	芸芸の一
E-mail Address: (to be used for future an	nual report notifications)		· 62전 - 1
For further information concerning th	nis matter, please call:		PH 3: US
Bryan J Rush	at (⁹⁵⁴	552-5281	21. % 21. %
(Name of Contact Person)		(Daytime Telephone Number)	1 5 5
Enclosed is a check for the following dollars and drawn on a bank located i		processed by this office must be	payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)			
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 8	10

Tallahassee, FL 32303

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 o CO NORTH, INC.	of Conversion is:
(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	w or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name	ne of the country)
1/12/2010 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:
CO NORTH, LLC	Fu 2
(Enter Name of Florida Limited Liability Company)	Z3 MAR
4. If not effective on the date of filing, enter the effective date: 3/28/2023	က်ခဲ့ ယ
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 ca	alendar 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 wildocument's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable statutes.	50 S

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.

\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CO NORTH, LLC		Liability Company, "L.L.C.," or "LLC.")	
	(Must contain the words "Limited	Liability Company, "L.U.C.," or "LLC.")	
ARTICLE II -			
The mailing add	dress and street address of	the principal office of the Limited	Liability Company is:
Principal Offic	ce Address:	Mailing Address:	
841 Prudential C	Prive, 12th Floor	841 Prudential Drive, 12th Flo	oor
Jacksonville, FL	32207	Jacksonville, FL 32207	
		-	 -
business entity with	n an active Florida registration.) he Florida street address o	n Registered Agent. You must designate an ind	23 SEU FALL
	FL Patel Law PLLC 360 Central Ave #800	Name	3 MAR 3
	360 Central Ave #800	Name s (P.O. Box <u>NOT</u> acceptable)	MAR 31
	360 Central Ave #800	s (P.O. Box <u>NOT</u> acceptable) FL ³³⁷⁰¹	MAR 31
	360 Central Ave #800 Florida street address	s (P.O. Box <u>NOT</u> acceptable)	MAR 31 PH 3: US

(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	Locks T. Oxfor
MGR	Justin T. Quinn
	841 Prudential Drive, 12th Floor
	Jacksonville, FL 32207
MGR	Joseph R. Rakoski
	841 Prudential Drive, 12th Floor
	Jacksonville, FL 32207
	
(Use attachment if necessary)	
	_
LE V: Other provisions, if any.	SE SE
L.F. v: Other provisions, it any.	<u> </u>
· · ·	> = = = = = = = = = = = = = = = = = = =
	SO -
	T1
REQUIRED SIGNATURE:	
	7
	acht in 22
, i	••
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree fellows.
Justin T. Quinn	
Ту	ped or printed name of signee
	Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)