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(R	requestor's Name)	
(A	ddress)	
Α)	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	WAJT	MAIL
(B	Susiness Entity Name)	
(C	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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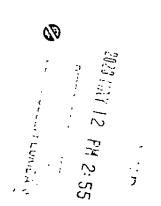




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FLORIDA FILING & SEARCH SERVICES, INC.

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:

05/12/23

NAME: JACKSONVILLE INVESTMENTS GROUP LP

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filing Division of	Section Corporations				
SUBJECT: JACKS	SONVILLE INVESTMENT	S GROUP LLC			
	(Name of Re	sulting Florida Li	nited Co	ompany)	
business Entity in	tto a "Florida Limited I	Liability Compa	ny" in a	accordance with s. 605.1045	vert an "Other , F.S.
Please return all co	rrespondence concernii	ng this matter to	C.		
Gregory R Fishman,	Esq.				
	(Contact Person)	-	_		
Gregory R. Fishman,			_		
0750 NE 405 Q	(Firm/Company)				
2750 NE 185 Street,			_		7 2 2
	(Address)				$=\frac{\omega}{2}$
Aventura, FL 33180	(Civ. Co. 171 C. 1	 ,	_		23 HAY SECALL
greg@grfpa,com	(City, State and Zip Code)				- 3 - 5
	be used for future annual re	port notifications)	_		
For further informs	tion concerning this ma	itter nleace call			
Gregory R. Fishman	non concerning this ma	•		6945	9: 32 1: 21*
(Name of Con	tact Person)	_at (305 (Area Code)	ytime Telephone Number)	
Enclosed is a check dollars and drawn o	for the following amount a bank located in the	ınt: (All checks		sed by this office must be pa	yable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Ade New Filing S Division of C P.O. Box 63 Tallahassee,	Section Corporations 27		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

INHS11 (7/17)

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 JACKSONVILLE INVESTMENTS GROUP, LP	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(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 nam	e of the country)
DECEMBER 8, 2011	\mathbb{R}_{\circ}
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	
JACKSONVILLE INVESTMENTS GROUP LLC	of Organization:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	J. &
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 ca 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 document's effective date on the Department of State's records.	2, 10
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 ri	ghts the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of MAY	20_23
Signature of Authorized Representative of Lin	nited Liability Company:
	and the same of th
Signature of Authorized Representative: X -	
Printed Name: Robert Leclair	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: X	
Printed Name: Robert Leclair, Preseident of Leclair Gre	our Title: Investments Inc., its GP
Signature:	
Printed Name:	Title
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Tide
This can be a second of the se	11116.
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
if Directors or Officers have not been selected, an In	corporator must sign.
If Cloude Comount Double-set 1 :- in 4 1 / Ltt	. D
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty rarmership:
Signature of the General Partitet.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnershin:
Signatures of ALL General Partners.	
-	
All others:	
Signature of an authorized person.	
-	
Fees:	
Artistan of Carronsia as	ens on
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li	ie: mited Liability Company	v is:	
JACKSONVILLE INV	ESTMENTS GROUP LLC		
(Mus	t contain the words "Limited Lie	ibility Company, "L.L.C.," or "LI.C.")	
ARTICLE II - Add	dress:		
The mailing address	and street address of the	e principal office of the Limited Lia	bility Company is:
Principal Office A	<u>idress:</u>	Mailing Address:	
1881 NE 26th STREE		1881 NE 26th STREET, #218	
FORT LAUDERDALE	, FL 33305	FORT LAUDERDALE, FL 33305	
business entity with an ac	npany cannot serve as its own R.	red Office, & Registered Agent's egistered Agent. You must designate an individual acceptance of a seguinteer	Signature: ial or another
		ie registered agent are:	,,,
<u> </u>	ROBERT LECLAIR		23 SEC
	Na	ume	
	1881 NE 26th STREET, #2	18	TANASS
	Florida street address (P	O. Box NOT acceptable)	25 12
F	ORT LAUDERDALE	FL 33305	
_	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.

 $\ddot{\varpi}$

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ROBERT LECLAIR
	1881 NE 26th STREET, #218
	FORT LAUDERDALE, FL 33305
	
(I is a strack mane if	
(Use attachment if necessary)	
LE V: Other provisions, if any.	

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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ROBERT LECLAIR

ARTICLE IV-

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)