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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

	w Filing So vision of Co	ection orporations			
SUBJECT	-, Baysi	ide I, LLC / Bside I, LLC			
30balle i	•	(Name of Res	ulting Florida Limit	ed Con	npany)
The enclos Business E	sed Articles Entity" into	of Conversion, Artic a "Florida Limited Li	les of Organization	on, an " in ac	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please retu	irn all corre	espondence concerning	g this matter to:		
Sharon Gig	gey				
		(Contact Person)			
Murray Plu	mb & Murra	y			
		(Firm/Company)		•	
PO Box 97	85				
		(Address)		•	
Portland, M	IE 04104-50	85			
	(0	City, State and Zip Code)		•	
sgiggey@n	npmlaw.com	n			
E-mail A	ddress: (to b	e used for future annual re	port notifications)	•	
For further	r informatio	on concerning this ma	tter, please call:		
Sharon Gig	gey .		at (²⁰⁷	523-8	3230
(N:	ame of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
Enclosed i	s a check f d drawn on	or the following amou a bank located in the	int: (All checks p United States)	rocess	sed by this office must be payable in US
\$150.00 (\$25 for Cor & \$125 for 7 of Organizat	version Articles	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Ne Di P.(ailing Addr w Filing Sovision of C D. Box 632 Ilahassee, I	ection orporations 7		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

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.

Bayside I, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [imited 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
1/10/2000
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Bside I, ELC
(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 t	his <i>15+</i>	_day of <u>May</u>	20_23
<u>Signatu</u>	re of Autho	rized Representative of Lim	ited Liability Company:
Signatur Printed 1	re of Authori Name: <u>Thom</u>	zed Representative:	Title: Member
			[See below for required signature(s)]
Signatur Printed l	ve:	s A. Toye, III	Title: Member
Signatur Printed 1	e: Name:		Title:
Signatur Printed 1	e: Name:		Title:
Signatur Printed l	e: Name:		Title:
Signatur Printed l	e: Name:		Title:
Signatur Printed i	re: Name:		Title:
Signatur If Direct	tors or Office	n, Vice Chairman, Director, or rs have not been selected, an In artnership or Limited Liabil	ecorporator must sign.
<u>If Floria</u> Signatur	<mark>da Limited P</mark> es of <u>ALL</u> G	artnership or Limited Liabili eneral Partners.	ity Limited Partnership:
All othe Signatur	e <u>rs:</u> re of an autho	rized person.	
Fees:			
	Articles of C Fees for Flor	onversion: ida Articles of Organization:	\$25.00 \$125.00

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

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bside I, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal Office Address:	ncipal office of the Limited Liability Company is: Mailing Address:
2515 Mercedes Drive	2515 Mercedes Drive
Fort Lauderdale, FL 33316	Fort Lauderdale, FL 33316
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another

Na	ime
2515 Mercedes Drive	
Florida street address (P	P.O. Box <u>NOT</u> acceptable)
Fort Lauderdale	FL 33316
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:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Thomas A. Toye, III
	2515 Mercedes Drive
	Fort Lauderdale, FL 33316
(Use attachment if necessary)	
(Ose attachment if necessary)	
RTICLE V: Other provisions, if any.	
<u>REQUIRED</u> SIGNATURE:	
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
as provided for in s.817.155. F.S.	- Similar to the partition of State Constitution and degree to the
	Sam la Son
1110111d3 71: 10 y c, 111	
Ту	ped 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)