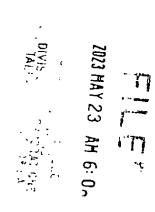
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

MUQY

T. SCOTT

MAY 2 4 2023

COVER LETTER

TO: New Filing Section		
Division of Corporations		
SUBJECT 15 H Lee Co	llier. LL	. C
	esulting Florida Limit	d Company)
The analysis Articles of Conversion Arti	cles of Organization	on, and fees are submitted to convert an "Other
Business Entity" into a "Florida Limited I	•	
·		
Please return all correspondence concerni	ng this matter to:	
Letter 0. Ohner		
Jeffrey S Olson		
(Contact Person) Jeffrey S Olson LLC		
(Firm/Company)		
1405 Linhart Ave		
(Address)		
Fort Myers, FL 33901		
(City, State and Zip Code)	1	
kdermody@bluehaven.com		
E-mail Address: (to be used for future annual)	report notifications)	
For further information concerning this m	atter, please call:	
Jeffrey S Olson	at (²³⁹	689-4634
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amo	ount: (All checks n	occessed by this office must be payable in US
dollars and drawn on a bank located in the		occord by and control mass of payable in the
S CLEAN AND AND AND AND AND AND AND AND AND A		S S S S S S S S S S S S S S S S S S S
■ \$150.00 Filing Fees (\$25 for Conversion □\$155.00 Filing Fees and Certificate of	□\$180,00 Filing and Certified Cop	
& \$125 for Articles Status of Organization)		Certificate of Status
Mailing Address:	•	Street Address:
New Filing Section		New Filing Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For

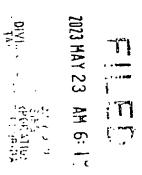
"Other Business Entity"

Into

Florida Limited Liability Company

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: BH Lee Collier 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 Nevada
1/18/2016 on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Enter Name of
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 23rd day of May	20_23
Signature of Authorized Represer	ntative of Lippited Liability Company:
Signature of Authorized Representa Printed Name: Keith Dermody	tive:
Signature(s) on behalf of Other Bu	siness Entity: [See below for required signature(s)]
Signature:	
Printed Name: Keith Dermody	Title: Managing Member
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Sia-ntura.	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Timed Name.	
If Florida Corporation: Signature of Chairman, Vice	nan, Director, or Officer. n selected, an Incorporator must sign.
If Florida General Partnership or Signature of one General Partner.	Limited Liability Partnership:
If Florida Limited Partnership or Signatures of ALL General Partners	Limited Liability Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Witteres of Commercial	

• :

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

PRI PRIVICOMPANY A

• .

RTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABI	LITY COMPANY
ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
The hame of the Elithted Liability Company is:		
BH Lee Collier LLC		
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
13721 Jetport Commerce Pkwy	13721 Jetport Commerce Pk	;wy
Unit 8	Unit 8	
Fort Myers, FL 33913	Fort Myers, FL 33913	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis	d Office, & Registered Agen	it's Signature:
business entity with an active Florida registration.)	Refer Agent. 100 mass designate an in-	
The name and the Florida street address of the	registered agent are:	
The hame and the Plottua street address of the	registered agent are.	
Keith Dermody		
Nam	e	
13721 Jetport Commerce Pk	war l Init B	
Florida street address (P.C		
Fort Myers	FL 33913	
City	Zip	
Having been named as registered agent and	to accept service of process for	r the above stated limited
liahility company at the place designated t	in this certificate. I hereby acc	ept the appointment as
registered agent and agree to act in this capa	city. I further agree to comply	with the provisions of all
statutes relating to the proper and complete	performance of my duties, and	d I am familiar with and 🥏
accept the obligations of my position as re	egistered agent as provided for	r in Chapter 603, F.S
M_{α}		
Registered Agent's Sig	gnature (REQUIRED)	
		20 7
(CONTI	NUFD	IVIS TA
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ARTICLE IV-

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

'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Keith P Dermody
	13721 Jetport Commerce Pkwy Unit 8
	Fort Myers, FL 33913
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of	ace with section 605,0203 (1) (b). Florida Statutes, I am aware t
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member of any false information submitted in a do as provided for in s.817.155, F.S. Keith Dermody	nce with section 605.0203 (1) (b), Florida Statutes, I am aware to cument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member of any false information submitted in a do as provided for in s.817.155, F.S. Keith Dermody	ace with section 605,0203 (1) (b). Florida Statutes, I am aware t