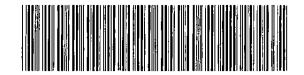
L23000335443

(Requestor's Name)
(Address)
(Address)
(Modress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700412250567

12/29/21--01018--003 **155.00

7-17-27



COVER LETTER

TO:	New Piling Sec Division of Cor	porations			
SHBJ	ECT: Shelby So	oth Farm I, LLC			
0020		(Name of Resul	ting Florida Limite	d Comp	my)
The c Busin	nolosed Articles e ess-Entity" into a	of Conversion, Article "Florida Limited Liel	s of Organizatio bility Company'	on, and ' in acc	fees are submitted to convert an "Other ordance with s. 605.1045, F.S.
Pleas	e return all'corres	pondence concerning	this matter to:		
Rory	O'Bryan		<u> </u>		
		(Contact Person)			
Harris	son & Moberly, LLI				
		(Firm/Company)			
10 W	. Market Street, ST		<u>.</u>		
		(Address)			
Indle	napolis, Indiana 46				
	(C	ity, State and Zip Code)			
	an@harrisonmobe	•		-	
Е-	mail Address: (to be	used for future annual rep	ort notifications)		
For i	urther informatio	n concerning this mat			
Rory	O'Bryan		_at (317)639-4	511 ime Telephone Number)
	(Name of Contr	nt Person)	(Area Code	(Dayt	ime Telephone Number)
Encl doll	osed is a check fours and drawn on	or the following amou a bank located in the l	nt: (All checks j United States)	oro cess:	ed by this office must be payable in US
(\$25 & \$1	150.00 Filing Fees for Conversion 25 for Articles ganization)	x \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co	-	S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C 2415	Address: Filing Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 nassee, 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 of Conversion is: Shelby South Farm I, LLC
(Enter Name of Other Business Eatity)
2. The "Other Business Entity" is a [Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
November 3, 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Shelby South Furm I, 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.) Note: If the date inserted in this block does not meet the applicable stantory 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 December	2021 .
Signature of Auti	norized Representative of L	imited Liability Company:
Signature of Author	prized Representative: mary post	JAPUN CANION YURAN (ON TIL) 200 FETI
Printed Name: Man	Shelby Taylor	Title: Manager
Signature(a) on be		y: [See below for required signature(s)]
Drinted Name: N	Jany Shelhy Taylor	Title: Manager
Pillited Hame	tory Street, Indian	
Signature:		
Printed Name:	··	Title:
_,		
Signature:		Title:
Printed Name:		11100
Signature:		
Printed Name:		Title:
Signature:		Title;
Printed Name:		1 lde;
Cionature		
Printed Name:		Title:
If Florida Corpo Signature of Chai If Directors or Of	ration: rman, Vice Chairman, Directo ficers have not been selected,	r, or Officer. an Incorporator must sign.
If Horida Gener Signature of one	al Partnership or Limited Li General Partner.	ability Partnership:
If Florida Limite Signatures of AL	ed Partnership or Limited L L General Partners.	ability Limited Partnership:
All others: Signature of an a	uthorized person.	
Fees:		
Articles	of Conversion:	\$25.00
Fees for	Florida Articles of Organizat	ion: \$125.00
Certified	Copy:	\$30.00 (Optional)
Certifica	te of Status:	\$5.00 (Optional)

MLLAHASSEE FILIER

ADJICLES OF OPCANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

RTICLES OF ORGANIZATION FU)K FLORIDA LIMITED LI	ABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is:						
Shelby South Farm I, LLC (Must contain the words "Limited Lizbility Company, "LLC," or "LLC.")						
(Wast contain too motals, Finited	intentity company, cares, or eace	• •				
ARTICLE II - Address: The mailing address and street address of	the principal office of the Lin	nited Liability Company is:				
Principal Office Address:	Mailing Address:					
107 PETERSON LANE	107 PETERSON LANE	<u> </u>				
PALM HARBOR, FL 34683	PALM HARBOR, FL 3	4683				
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address MARY SHELBY TAYL	of the registered agent are:	be en individual or another				
	NRUIO					
107 PETERSON LAN		5				
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable	,				
PALM HARBOR	FL ³⁴⁶⁸³ Zip	_				
City	Zip					
Having been named as registered agestiability company at the place designed registered agent and agree to act in the statutes relating to the proper and accept the obligations of my position of my positions	mated in this certificate, I heret is capacity. I further agree to c emplete performance of my duti on as registered agent as providu	by accept the appointment as comply with the provisions of all ies, and I am familiar with and				
(C	ONTINUED)	7				

<u>litle:</u>	Name and Address:		
AMBR" = Authorized Member MGR" = Manager			
MGR — Manager	Mary Shelby Taylor		
· · · · · · · · · · · · · · · · · · ·			
	•		
(Use attachment if necessary)			
LE V: Other provisions, if any.			
,			
<u>REQUIRED</u> SIGNATURE:			
many dealthy tomber			
Signature of a member o	r an authorized representative of a member co with acction 605.0203 (1) (b), Florida Statutes. I am aware th		
I has apparent is executed it server me	nument to the Department of State constitutes a third degree feld		
my false information submitted in a doc as provided for in \$.817.155, F.S.			
my false information submitted in a doc as provided for in \$,817.155, F.S. Mary Shalby Taylor	yped or printed name of signee		