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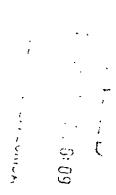
| (Requestor's Name)                      |
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| (Address)                               |
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| , , ,                                   |
| (City (Chara-City (Chara-A))            |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Bocument Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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11/14/28--01048--008 \*\*150.00



#### **COVER LETTER**

| TO: New Filing Section Division of Corporations  |  |   |                    |                                       |     |
|--|--|---|--------------------|---------------------------------------|-----|
| SUBJECT: TIMMIS INVESTORS LLC  |  |   |                    |                                       |     |
| (Name of F   | Resulting Florida Lim                  | ited Company)   |                    |                                       |     |
| The enclosed Articles of Conversion, Art<br>Business Entity" into a "Florida Limited   | -                                      |   |                    |                                       | her |
| Please return all correspondence concern   | ing this matter to:                    |   |                    |                                       |     |
| T. ROBERT BULLOCH  |  |   |                    |                                       |     |
| (Contact Person)   |  | _   |                    |                                       |     |
| BULLOCH TAYLOR PLLC  |  |   |                    |                                       |     |
| (Firm/Company)   |  | _   |                    |                                       |     |
| 1185 IMMOKALEE ROAD, SUITE 300   |  |   |                    |                                       |     |
| (Address)  |  | _   |                    |                                       |     |
| NAPLES, FLORIDA 34110  |  |   |                    |                                       |     |
| (City, State and Zip Code  | 2)                                     | _   |                    |                                       |     |
| TRB@BULLOCHTAYLOR.COM  |  |   |                    |                                       |     |
| E-mail Address: (to be used for future annual  | report notifications)                  | _   |                    |                                       |     |
| For further information concerning this n  | natter, please call:                   |   |                    |                                       |     |
| T. ROBERT BULLOCH  | at ( 239                               | 383-7133  |                    |                                       |     |
| (Name of Contact Person)   |  | (Daytime Telephone Number   | r)                 |                                       |     |
| Enclosed is a check for the following am-<br>dollars and drawn on a bank located in th   |  | processed by this office mu   | st be payab        | le in Ļ                               | JS  |
| ■ \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) □\$155.00 Filing Fees<br>and Certificate of<br>Status | s □\$180,00 Filing<br>and Certified Co |   | , ;<br>;<br>;<br>; | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |     |
| 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, Se Tallahassee, FL 32303 |                    | 69                                    |     |

#### **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:  Timmis Investors 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.)                   |
|  |
| First organized, formed or incorporated under the laws of Michigan  (Enter state, or if a non-U.S. entity, the name of the country)  |
| (Enter state, or if a non-U.S. entity, the name of the country)  |
| 5/30/2000<br>on  |
| on   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| Timmis Investors LLC   |
| (Enter Name of Florida Limited Liability Company)  |
| 4. If not effective on the date of filing, enter the effective date: <u>December 1, 2023</u> .   |
| (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 20 <sup>th</sup> day of October   | 20 <b>23</b>                            |      |                           |
|---|---|------|---------------------------|
| Signature of Authorized Representative of Lim   |   |      |                           |
| Signature of Authorized Representative: Printed Name: Michael T. Timmis                         | Title: Manager                          | _    |                           |
| Signature(s) on behalf of Other Business Entity:  | See below for required signature(s)     |      |                           |
| Signature: Mh. hoel T. Timmis  Printed Name: Michael T. Timmis                                  |   | _    |                           |
| Printed Name: Michael T. Timmis   | Title: Manager                          | =    |                           |
| Signature:Printed Name:   |   | _    |                           |
| Printed Name:   | Title:                                  | -    |                           |
| Signature:Printed Name:   |   | -    |                           |
|   |   |      |                           |
| Signature:Printed Name:   | Trial                                   | •    |                           |
|   |   |      |                           |
| Signature:Printed Name:   | Titla                                   | -    |                           |
|   |   |      |                           |
| 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  |   |      |                           |
| If Florida General Partnership or Limited Liabili   | ty Partnership:                         |      |                           |
| Signature of one General Partner.   |   |      |                           |
| If Florida Limited Partnership or Limited Liabili<br>Signatures of <u>ALL</u> General Partners. | ty Limited Partnership:                 |      |                           |
| All others:   |   |      |                           |
| Signature of an authorized person.  |   |      |                           |
| Fees:   |   | -    |                           |
| Articles of Conversion:   | \$25.00                                 | ( Te | $\stackrel{\circ}{\circ}$ |
| Fees for Florida Articles of Organization: Certified Copy:                                      | \$125.00<br>\$30.00 (Optional)          | 5    | 9                         |
| Certificate of Status:  | \$30.00 (Optional)<br>\$5.00 (Optional) |      |                           |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A DOMESTIC A DE  |   |  |   |  |   |                           |
|--|---|--|---|--|---|---------------------------|
| ARTICLE I - Na<br>The name of the I                    |   | ity Company ie:  |   |  |   |                           |
| rne name or the r                                      | mined Liam  | ny Company is.   |   |  |   |                           |
|  |   |  |   |  |   |                           |
| Timmis Investors LI                                    |   | and "Limited Linkility   | Company, "L.L.C.," or "LLC.   | •••  |   |                           |
| (34)   | iusi comain me we   | ords Tammed California   | company, 17.17.C., or 17.C.   | 1  |   |                           |
| ARTICLE II - A   |   |  |   |  |   |                           |
| The mailing addre                                      | ess and street a  | address of the pr  | incipal office of the Lim   | iited Liability                                  | <sup>.</sup> Compan                                     | y is:                     |
| Principal Office .                                     | Address:  |  | Mailing Address:  |  |   |                           |
| 5168 Taylor Drive                                      |   |  | 5168 Taylor Drive   | <u></u> -  |   |                           |
| Ave Maria, Florida                                     | 34142   |  | Ave Maria, Florida 3414   | 2  | <del></del>   |                           |
|  |   |  |   |  | <del></del>   |                           |
|  | ompany cannot se  | erve as its own Regist   | Office, & Registered Agent, You must designate  |  |   |                           |
| The name and the                                       | Florida street  | address of the r   | egistered agent are:  |  |   |                           |
|  | Michael T. Ti   | immis  |   |  |   |                           |
|  |   | Name   |   | •  |   |                           |
|  | 3535 Gin Lar  | ne   |   |  |   |                           |
|  | Florida stre  | eet address (P.O.  | Box NOT acceptable)   | •  |   |                           |
|  | Naples  |  | FL <sup>34102</sup>   |  |   |                           |
|  |   | City   | Zip   |  |   |                           |
| liability comp<br>registered agent<br>statutes relativ | pany at the pla<br>and agree to<br>ag to the prope<br>bligations of m | ice designated in<br>act in this capaci<br>or and complete p<br>ny position as reg | accept service of proces this certificate. I hereby ty. I further agree to conserformance of my duties, istered agent as provided attree (REQUIRED) | accept the ap<br>nply with the<br>, and I am fan | pointmen<br>provision<br>uiliar with<br>ter 605, F.<br> | t as<br>s of all<br>r and |

(CONTINUED)

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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 |                       |
| MGR - Manager                              | Michael T. Timmis     |
| <del></del>                                | 3535 Gin Lane         |
|  | Naples, Florida 34102 |
|  |                       |
|  |                       |
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| <del></del>                                |                       |
|  | <del></del>           |
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|  |                       |
| <del></del>                                |                       |
|  |                       |
| (Use attachment if necessary)              |                       |
| TICLE V: Other provisions, if any,         |                       |
|  |                       |
|  |                       |
| REQUIRED SIGNATURE:                        | Dimmi                 |
|  |                       |

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.

Michael T. Timmis, Manager

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) S 5.00 Certificate of Status (Optional)