# 123000538947

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

Office Use Only



100418352151

11/08/23--01027--016 \*\*155.00

2023 NOV -8 AM 8: 20 CEGLE LARY OF STATI

## . COVER LETTER .

<b>TO:</b> New Filing Section Division of Corporations	<u>-</u>					
SUBJECT: HARBOR LIGHT SELF STOR	RAGE II, LLC					
(Name of )	Resulting Florida Lir	nited Cor	npany)	_		
The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited	ticles of Organiza Liability Compa	ation, an ny" in a	nd fees are submitted to coordance with s. 605.1	convert 1045, F.S	an "O S.	ther
Please return all correspondence concerr	ing this matter to	);				
Danielle Lujan						
(Contact Person)						
Bray & Long						
(Firm/Company)						
2820 Selwyn Avenue, Suite 400						
(Address)						
Charlotte, North Carolina						
(City, State and Zip Code	e)	_				
dlujan@braylong.com						
E-mail Address: (to be used for future annual	I report notifications	)				
For further information concerning this t	natter, please cal	l:				
William P. Bray	at ( <u></u>	523-	7777			
(Name of Contact Person)	(Area Coo	de) (Day	rtime Telephone Number)			
Enclosed is a check for the following am dollars and drawn on a bank located in the			sed by this office must	be payal	ole in I	US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  ☐ \$150.00 Filing Fee and Certificate of Status	s S180,00 Fili and Certified C		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	SECRET TO TALLAND	2023 NOV -8	can
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit hassee, FL 32303	ASSEE, FL 810	3 AM 8: 20	

#### **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:  Harbor Light Self Storage II, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (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
(Enter state, or if a non-U.S. entity, the name of the country)
May 8, 2018
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Harbor Light Self Storage II, 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 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 day of April	2023
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: James Lockhart	TIRE MGR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:Printed Name: James Lochart	Title: MGR
Signature: Printed Name:	
Signature:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ts Limited Partnership:
All others: Signature of an authorized person.	
iees:	·
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

s:	ability Company, "L.L.C" or "LLC	mited Liability Company is:				
ain the words "Limited Liass:  s: I street address of the	e principal office of the Lir	•				
s: I street address of the	e principal office of the Lir	•				
street address of the		nited Liability Company is:				
ess:	Mailing Address:					
		Mailing Address:				
	5668 Fishhawk Crossing Blvd.					
	PMB 331					
	Lithia, FL 33574					
rp. Services, Inc.		_				
Lakoshara Driva						
	P.O. Box <b>NOT</b> acceptable)	_ ,				
	32312					
City	Zip	<b>202</b>				
t the place designated gree to act in this cap e proper and comple	d in this certificate, I hereby pacity. I further agree to co te performance of my dutie.	accept the appointment as				
	cannot serve as its own R Florida registration.)  a street address of the rp. Services, Inc.  No.  B Lakeshore Drive rida street address (I hassee  City  s registered agent and the place designates.	a street address of the registered agent are:  rp. Services, Inc.  Name  B Lakeshore Drive  rida street address (P.O. Box NOT acceptable)  hassee  FL 32312				

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Lockhart, James MGR \_\_\_\_\_ 1066 Bloomingdale Ave Valrico, FL 33596 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. REQUIRED SIGNATURE:

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.

James Lockhart, MGR

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)