# L23000550506

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer		
W23000165749		

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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/12/2023

\*WALK IN\*

ENTITY NAME Tournament Players Club at Eagle Trace, Inc.

DOCUMENT NUMBER\_

## \*\*PLEASE FILE THE ATTACHED AND RETURN\*\*

XXXXXXXXX

Plain Copy Certified Copy Certificate of Status

## \*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\*

Certified Copy of Arts & Amendments Certificate of Good Standing

## \*\*APOSTILLE' / NOTARIAL CERTIFICATION \*\*

COUNTRY OF DESTINATION 

NUMBER OF CERTIFICATES REQUESTED\_\_\_\_\_

TOTAL OWED \$150

ACCOUNT #: 120160000072

-5, 8 FM Please call Tina at the above number for any issues or concerns. Thank you so much!

DocuSign Envelope ID: CD0360AC-2424-40FF-951C-282FCAC246F9

#### 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:
Tournament Players Club at Eagle Trace, Inc.		

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a <u>Corporation G12962</u> (Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust. etc.)

Florida First organized. formed or incorporated under the laws of \_\_\_\_\_

(Enter state, or if a non-U.S. entity, the name of the country)

12/13/1982 on

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Tournament Players Club at Eagle Trace, 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 <u>11th</u> day of <u>December</u>	2023			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative: E-Ch. Printed Name: James C. Triola	Title: Authorized Representative			
Signature(s) on behalf of Other Business Entity	x: [See below for required signature(s)]			
Signature:				
Printed Name: James C. Triola	Title: President			
Signature: Printed Name:	Title:			
Signature: Printed Name:	Title:			
Signature: Printed Name:	Title:			
Signature: Printed Name:	Title:			
Signature: Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an If Florida General Partnership or Limited Liab	Incorporator must sign.			
Signature of one General Partner. <u>If Florida Limited Partnership or Limited Lial</u> Signatures of <u>ALL</u> General Partners.	<u>bility Limited Partnership:</u>			
<u>All others:</u> Signature of an authorized person.				
<u>Fees:</u>				
Articles of Conversion: Fees for Florida Articles of Organization Certified Copy: Certificate of Status:	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)			



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

Tournament Players Club at Eagle Trace, 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 of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address:</u>
1 PGA Tour Blvd.	5150 Palm Valley Rd.
Ponte Vedra Beach, FL 32082	Ponte Vedra Beach, FL 32082

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street ad	dress of the registe	red agent are:	<b>لا</b>
Corporation Ser	vice Company		1 S 1
	Name		~ ~ =
1201 Hays Stre	et		Pr : Ti
Florida street	address (P.O. Box	<u>NOT</u> acceptable)	
Tallahassee	F	L 32301	15
	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> "AMBR" = Authorized Member	<u>Name and Address:</u>
"MGR" = Manager AMBR	PGA TOUR Golf Course Properties, LLC 1 PGA Tour Blvd. Ponte Vedra Beach, FL 32082
<u></u>	
(Use attachment if necessary)	

ARTICLE V: Other provisions, if any.

#### REQUIRED SIGNATURE:

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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 C. Triola

 Typed or printed name of signee

 Filing Fees

 \$ 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)