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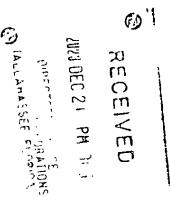
(Requestor's Name)	
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	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(Business Entity Name)	
	Document Number)	
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Certified Copies	Certificates of St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

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Го:	Florida	Division	of	Corpo	rations
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From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 12/21/2023

Trans#: 1430085

Entity Name: TRAIL BOULEVARD, LLC

	The state of the s
Articles of Incorporation ()	Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	Partnership Registration ()

STATE FEES PREPAID WITH CHECK # 3657 FOR \$180.00

PLEASE RETURN:

Certified Copy (XXX) Plain Stamped Copy (

Good Standing () Certificate of Fact ()

Phone: 855-498-5500



Filing Cover Sheet

To: F	Florida	Division	of	Corporations
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Other ()	Partnership Registration ()
STATE FEES PREPAID WITH CHECK # 3657 FOR PLEASE RETURN:	ASSE A
Certified Copy (XXX) Plain Stamped	d Copy ()
Good Standing () Certificate of Fac	et ()

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: TRAIL BOULEVARD, LLLP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or it a non-U.S. entity, the name of the country)
August 27, 2009
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TRAIL BOULEVARD, 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.

Signature: ______ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fccs:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Trail Boulevard, LLC (Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2600 Golden Gate Parkway	2600 Golden Gate Parkway
Naples, FL 34105	Naples, FL 34105
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. Jeffrey S. Sonalia Name	egistered agent are:
2600 Golden Gate Parkway	
Florida street address (P.O	. Box NOT acceptable)
Naples	FL 34105 Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

 	 	 _

ARTICLE V: Other provisions, if any. Effective date of formation is January 1, 2024.

T. Elakertee Gable

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.

R. Blakeslee Gable, Member

Typed or printed name of signce

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)