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| (Cit | y/State/Zip/Phon | ie #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|--|---|
| SUBJECT: Midland IRA LLC | |
| | ne of Resulting Florida Limited Company) |
| | n, Articles of Organization, and fees are submitted to convert an "Othe nited Liability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence co | ncerning this matter to: |
| (Contact Perso | n) |
| (Firm/Compan | y) |
| (Address) | |
| (City, State and Zip | Code) |
| E-mail Address: (to be used for future | nnual report notifications) |
| For further information concerning | his matter, please call: |
| (Name of Contact Person) | at ()(Area Code) (Daytime Telephone Number) |
| | g amount: (All checks processed by this office must be payable in US |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | |
| 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, Suite 810 |

Tallahassee, FL 32303

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.

| (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. |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| November 24, 2015 (date of organization, formation or incorporation) |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Midland IRA 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. |
| document 3 effective date of the Department of State's fecolds. |

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 27th | day of December | 20 |
|----------------------------|------------------------------|---|
| Signature of Autho | rized Representative of | Limited Liability Company: |
| | | — Descriptions by |
| Signature of Authori | ized Representative: | Elizabeth Jerdanek Title: Secretary |
| Printed Name: Elizabe | eth Jerdonek | Title: Secretary |
| Signature(s) on beha | alf of Other Business Enti | ty: [See below for required signature(s)] |
| Signature: | zabeth Jerdonek | Title: Secretary |
| Printed Name: Elizabe | eth Jerdonek | Title: Secretary |
| | | |
| Signature: | <u> </u> | Title: |
| Printed Name: | | litle: |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | Title: |
| Printed Name: | | litte: |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| If Florida Corporati | ion: | |
| Signature of Chairma | n, Vice Chairman, Director | or Officer. |
| If Directors or Officer | rs have not been selected, a | n Incorporator must sign. |
| ICEN II O I D | | TWO IS A STATE OF THE STATE OF |
| Signature of one General P | artnership or Limited Liz | ability Partnership: |
| Signature of one Gene | erai ratulet. | |
| If Florida Limited P | artnership or Limited Lis | ability Limited Partnership: |
| | eneral Partners. | |
| <u> </u> | | |
| All others: | | |
| Signature of an author | rized person. | |
| | | |
| Fees: | | |
| Articles of Co | oni oni oni | \$25.00 |
| | | \$25.00 |
| Certified Cop | ida Articles of Organizatio | |
| Certificate of | | \$30.00 (Optional) \$5.00 (Optional) |
| Certificate of | Status. | 55.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Cor | mpany is: | |
|--|--|-----|
| | | |
| Midland IRA LLC | | |
| (Must contain the words "Lim | ited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| | 0.1 1 1 1 00 0.1 11 2 1111112 0 1 | |
| The maining address and street address | of the principal office of the Limited Liability Company i | IS: |
| _ | | IS |
| Principal Office Address: | Mailing Address: | IS: |
| _ | | IS: |
| Principal Office Address: | Mailing Address: | IS: |
| Principal Office Address: 15671 San Carlos Blvd | Mailing Address: 15671 San Carlos Blvd | IS |

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

| Corporation Service Compan | У |
|-----------------------------|-------------------------------|
| Nam | e |
| 1201 Hays Street | |
| Florida street address (P.C |). Box <u>NOT</u> acceptable) |
| Tallahassee | FL ³²³⁰¹ |
| 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> | Name and Address: |
|----------------------------------|----------------------------------|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Jeffrey A. Desich |
| | 15671 San Carlos Blvd., Ste. 101 |
| | Fort Myers, FL 33908 |
| MGR | Richard A. Desich |
| | 15671 San Carlos Blvd., Ste. 101 |
| | Fort Myers, FL 33908 |
| MGR | Richard Desich |
| | 15671 San Carlos Blvd., Ste. 101 |
| | Fort Myers, FL 33908 |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | |
| CLE V: Other provisions, if any. | |
| | |
| | |
| DECUIDED SIGNATURE. | |
| 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.

Elizabeth Jerdonek, Authorized Representative

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)