L24000030082

(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:
1/211 - 127
W24-137 Way 2788
Way 2788

900420632079



Office Use Only



.

.

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:01/	11/2024		
Name:	Xavian		
Reference #:	0040750	k	
Entity Name:		TRO-3, LLC	
✓ Articles of ✓ Amendme		horization to Transact	Business
Change o	f Agent		
Reinstater	ment		
🖌 Conversio	ιĤ		
Merger			
Dissolutio	nWithdrawal		
Fictitious I	Name		
Other		Please retain original	file date
Authorized Amou Signature:	int:15 	0.00	
CORPORATE HQ COGENCY GLOBAL INC.		EAN HQ CY GLOBAL (UK) LIMITED ED INFLIGI AND 5 WALES	ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED Argone Song Limited Comparity

COGENCY GLOBAL INC 10 E 40^{cm} ST, 10¹¹ FL NY, NY 10016 D. +1.212.947.7200 P: 800.221.0102 F: 800.944.6607 EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED II: ELIGLAND 6 WALES REGISTRY +80(27)2 6 LLOYDS 4VE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG LONG LIMITED COMPANY UNIT B, VF, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 F: +852.2682.9790

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT:

TRO-3, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

	Melanie Fagan	
	(Contact Person)	
	Barnes & Thornburg, LLP	
	(Firm/Company)	
	One North Wacker Dr, Ste 4400	
_	(Address)	
	Chicago, IL 60606	
	(City, State and Zip Code)	

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Melanie Faganat (312214-5667(Name of Contact Person)(Area Code)(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

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 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: TRO-3, LLC

(Enter Name of Other Business Entity)

limited liability company

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 _____

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

October 7, 2014

(date of organization, formation or incorporation)

on

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

TRO-3, LLC

(Enter Name of Florida Limited Liability Company)

(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.



Clus		intel Linkility Company
Signature of Autio		inition Liability Company:
Signature of Author	ized Representative:	Title: <u>Authorized Representative</u>
Printed Name:	Robert D. Oldfeid III	lifle:Authorized Representative
		<u>v:</u> [See below for required signature
Signature: Add	WC. Morana p	4
Printed Name:	Robert D. Öldfield III	Title: Authorized Representative
Signature:		
Printed Name:		Title:
C:		
Signature: Printed Name:	<u> </u>	Title:
rinned ivanie.		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
C ¹		
Signature:		Title:
Timed France		
<u>If Florida Corpora</u>		
	an, Vice Chainnan, Director,	
II Directors or Unice	ers have not been selected, ar	n incorporator must sign.
If Florida General	Partnershi <u>p</u> or Limit <u>ed Lia</u>	bility Partnership:
Signature of one Ger	neral Partner.	
If the state of the land of	Da	bilize I imited Domtwombine
Signatures of <u>ALL</u> (bility Limited Partnership:
All others:		
Signature of an authority	orized person.	
Fees:		
Articles of C		\$25.00
Fees for Flo Certified Co	rida Articles of Organizatio	
	m\''	\$30.00 (Optional)

1 | |

1



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	TRO-3, LLC		
(Must contain the words "Li	mited Liability Company	", "L.E.C.," or "ELC.")	
ARTICLE II - Address: The mailing address and street addres	is of the principal (office of the Limited	Liability Company is:
Principal Office Address:	Mailir	ng Address:	
9220 Bonita Beach Road Suite 200	9	220 Bonita Beach Suite 200	Road
Bonita Springs, FL 34135	<u></u> B	onita Springs, FL	34135
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as in business entity with an active Florida registration The name and the Florida street addre	its own Registered Agent n)	. You must designate an in	nt's Signature:
Ro	bert D. Oldfield I	11	2 11
Name		······	ω Ξ
9220 Bonita Beach Road, Suite 200		Suite 200	ST ST
Florida street address (P.O. Box NOT acceptable)			
Bonita Sp	orings FL	34135	
Ci	ıy	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:

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR + 1 1 - 3	Name and Address: Robert D. Oldfield III 9220 Bonita Beach Rd, Ste 200 Bonita Springs, FL 34135
(Use attachment if necessary)	

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE: RIA A. MAI	,
Mint. Olfell	#
	•

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.

Robert D. Oldfield III, Sole Member

Typed or printed name of signee Filing Fees

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)