L24/100888514

(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





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COVER LETTER

TO: New Filing Se Division of Co					
SUBJECT: The Colle	ge Park Commerce Cen	iter, Ltd.			
SUBJECT:	(Name of Resu	ılting Florida Limit	ed Com	pany)	
Business Entity" into	of Conversion, Articlea "Florida Limited Lia	ability Company	on, and	I fees are submitted to con cordance with s. 605.1045	evert an "Other 5, F.S.
Tyckso retain an oone	p	,			
Christopher C. Cathcar	t				
	(Contact Person)		•		
Cathcart Law Group, P	.A.		_		
	(Firm/Company)				
225 S. Westmonte Driv	re, Suite 1160		_		
	(Address)				
Altamonte Springs, FL	32714		-		
	City, State and Zip Code)	_			
stevesteve32701@yah		<u>.</u>	_		
E-mail Address: (to b	e used for future annual rep	port notifications)			
For further information	on concerning this mat	ter, please call:			
Christopher C Cathcar	t	at (321	397-2	975	
(Name of Conta	et Person)	(Area Code)	(Day	975 time Telephone Number)	
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	nt: (All checks p United States)	process	ed by this office must be p	oayable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, 1	ection Torporations 7		New I Divisi The C 2415	Address: Filing Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite 81 passee, FL 32303	2024 JAN 25 AM 8:

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 COLLEGE PARK COMMERCE CENTER, LTD. (Enter Name of Other Business Entity)	·
limited partnership	
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership)	1. how havings total
	ersmp, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	J.S. entity, the name of the country)
07/15/1996	
On (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the att The College Park Commerce Center, LLC	tached Articles of Organization:
(Enter Name of Florida Limited Liability Company)	·
(Effet Name of Fronta Effice Flashing 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 n	nore 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 requirer document's effective date on the Department of State's records.	ments, this date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicab	ole statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members has which such members are entitled under ss. 605.1006 and 605.1061-605.1072	aving appraisal rights the amount to 2, F.S.
	924
	The distriction of the second
	2024 JAN 25

This come

Signed this 315 day of December	20 <u>23</u>		
Signature of Authorized Representative of Limit	dd Liabiliw Company:		
Signature of Authorized Representative: Printed Name: Steven J. Plantieri	itle Manager		
Signature(s) on betialf of Other Business Entity:	See below for required signature(s)		
Signature(s) on behalf of Other Business Entity: Signature: Printed Name: Steven J Plantieri of Mackin LLC			
Printed Name: Steven J Plantieri of Mackin LLC	Title: Manager of General Partner		
Signature:			
Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:	rni.		
Signature:Printed Name:	Title		
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	Officer.		
If Directors or Officers have not been selected, an Inc	orporator must sign.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partner <u>ship:</u>		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	v Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
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

ARTICLE I - N	ame:			
The name of the	Limited Liability Compa	my is:		
THE COLLEGE P	ARK COMMERCE CENTE	R, LLC		
(Must contain the words "Limited	Liability Company,	L.L.C.," or "LLC.")	
ARTICLE II - /	Address:			
The mailing addi	ress and street address of	the principal of	fice of the Limit	ed Liability Company is
Principal Office	Address:	<u>Mailing</u>	Address:	
3012 ARDSLEY D	PRIVE	3012 Arc	dsley Drive	
ORLANDO, FL 32	2804	Orlando,	FL 32804	
The Limited Liability	Registered Agent, Regi Company cannot serve as its ow in active Florida registration.)			
The name and th	e Florida street address o	of the registered	agent are:	
	Steven J. Plantieri			
		Name		
	3012 Ardsley Drive			
	Florida street addres.	s (P.O. Box <u>NO</u>	\underline{T} acceptable)	
	Orlando	FL ³²	1804	
	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)

AK	HCL.	EIV
The	name	and

address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:			
"AMBR" – Authorized Member				
"MGR" = Manager				
MGR	Mackin LLC			
	3012 Ardsley Drive			
	Orlando, FL 32804			
				
· · · · · · · · · · · · · · · · · · ·				
(Use attachment if necessary)	795			
(Ose attachment if necessary)	<u> </u>			
LE V: Other provisions, if any.				
REQUIRED SIGNATURE) is			
This document is executed in accordance any false information submitted if a doct as provided for in \$ 817,455. If \$7.	r an authorized representative of a member re with section 605.0203 (1) (b). Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony			
T	yped 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)