# L24000121627

(	Requestor's Name)	
	Address)	
(.	Address)	
(1	City/State/Zip/Phone #)	
PłCK-UP	WAIT	MAIL
	Business Entity Name)	
((	Document Number)	<del></del>
Certified Copies	Certificates of S	tatus
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## **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.

<ol> <li>The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: CYPRESS GARDENS REALTY, INC.</li> </ol>
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
9/19/1977 on
9/19/1977 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:
CYPRESS GARDENS REALTY, 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 14th day of February	20		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: J. Michael Nolen, Jr.	Title: Authorized Member & Manager	<del></del>	
Signature(s) on behalf-of Other-Business Entity:	[See below for required signature(s)]		
Signature: Printed Name: J. Michael Nolen, Jr.	Title: President & Director	-	
Signature: Sarbara L. Nolen	Title: Secretary, Treasurer, Director	-	
Signature:			
Printed Name:	Title:		
Signature:Printed Name:	Title:	-	
Signature:Printed Name:		-	
Signature:Printed Name:	Title:	<del>-</del> -	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			2024 f
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)	47;	ी भी
Certificate of Status:	\$5.00 (Optional)	.; -	2024 FEB 19 ANTH: 37

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liab	oility Company is:		
CYPRESS GARDENS REALTY	′. LLC		
		Company, "L.L.C.," or "LLC."	)
ARTICLE II - Address: The mailing address and stree	et address of the prin	ncipal office of the Limi	ited Liability Company is:
Principal Office Address:		Mailing Address:	
290 Cypress Gardens Blvd.		290 Cypress Gardens Bl	lvd.
Suite 13		Suite 13	
Winter Haven, FL 33880		Winter Haven, FL 33880	
The name and the Florida stre	Nolen, Jr.	gistered agent are:	
	Name		
290 Cypre	ess Gardens Blvd., Ste	e. #13	
Florida s	street address (P.O.	Box NOT acceptable)	
Winter Ha	iven	FL 33880	
	City	Zip	
liability company at the progistered agent and agree statutes relating to the pro-	place designated in to to act in this capacity oper and complete pe	this certificate, I hereby on the certificate of the certificate of the certification of the	s for the above stated limited accept the appointment as uply with the provisions of all and I am familiar with and I for in Chapter 605, F.S

(CONTINUED)

#### ARTICLE IV-

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	1.46 1.10 1. 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0
AMBR & MGR	J. Michael Nolen, Jr. and Barbara Lee Nolen,
	Trustees of the Michael and Barbara Nolen
	Family Trust, dated December 31, 2022
<del></del>	
	-M-1
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	an authorized representative of a member
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	e with section 605,0203 (1) (b), Florida Statutes. I am awar
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605,0203 (1) (b), Florida Statutes. I am awar ment to the Department of State constitutes a third degree
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605,0203 (1) (b), Florida Statutes. I am awar ment to the Department of State constitutes a third degree
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