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| PICK-UP | ☐ WAIT | MAIL |
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COVER LETTER

| Division of Corporations SUBJECT: Specific Gravity Properties, 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: R. Carlton Ward, Esq. (Contact Person) Macfarlane Ferguson & McMullen P.A. (Firm/Company) 625 Court Street, Suite 200 (Address) Clearwater, FL 33756 |
|--|
| (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: R. Carlton Ward, Esq. (Contact Person) Macfarlane Ferguson & McMullen P.A. (Firm/Company) 625 Court Street, Suite 200 (Address) |
| 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: R. Carlton Ward, Esq. (Contact Person) Macfarlane Ferguson & McMullen P.A. (Firm/Company) 625 Court Street, Suite 200 (Address) |
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| (Contact Person) Macfarlane Ferguson & McMullen P.A. (Firm/Company) 625 Court Street, Suite 200 (Address) |
| Macfarlane Ferguson & McMullen P.A. (Firm/Company) 625 Court Street, Suite 200 (Address) |
| (Firm/Company) 625 Court Street, Suite 200 (Address) |
| 625 Court Street, Suite 200 (Address) |
| (Address) |
| |
| Clearwater, FL 33756 |
| |
| (City, State and Zip Code) |
| ed.safee@gmail.com |
| E-mail Address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call: |
| Carlton Wardat (|
| (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) |
| □ \$150,00 Filing Fees (\$25 for Conversion and Certificate of Status Status □ \$155,00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status |
| Mailing Address: Street Address: |
| New Filing Section New Filing Section |
| Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Specific Gravity Properties, LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a [Imited liability company (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) |
| July 6, 2006 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: |
| Specific Gravity Properties, 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 thisda | y of March | 2024 |
|---|---|---------------------------------------|
| | | nited Liability Company: |
| Signature of Authorized R Printed Name: Edward F. Sa | Representative: | Title Manager |
| Signature(s) on behalf of | Other Business Entity: | [See below for required signature(s)] |
| Signature: | Sufer | |
| Printed Name: Edward F. Sa | afee / | Title: Manager |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | Title: |
| rrinted Name; | | little: |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Printed Name: | | Title: |
| | | Title. |
| Signature: | | |
| Printed Name: | | Title: |
| If Florida Corporation: Signature of Chairman, Vice If Directors or Officers have | e not been selected, an In | corporator must sign. |
| Signature of one General Pa | rtner. | A A A CHO SHIP |
| If Florida Limited Partner Signatures of <u>ALL</u> General | <u>ship or Limited Liabili</u> Partners. | tv Limited Partnership: |
| All others: Signature of an authorized p | erson. | |
| Fees: | | |
| Articles of Conversi | ion: | \$25.00 |
| | icles of Organization: | \$125.00 |
| Certified Copy: | | \$30.00 (Optional) |
| Certificate of Status | : | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE The name o | of the Limited Liability Compan | y is: | |
|--------------------|--|---|------|
| | · | • | |
| Specific Grav | vity Properties, LLC | | |
| | (Must contain the words "Limited L | ability Company, "L.L.C.," or "LLC.") | |
| | II - Address: address and street address of the | ne principal office of the Limited Liability Company | ris: |
| <u>Principal O</u> | Office Address: | Mailing Address: | |
| 207 Palmetto | | 207 Palmetto Lane | |
| Largo, FL 33 | 770 | Largo, FL 33770 | |
| | III - Registered Agent, Registe ability Company cannot serve as its own R with an active Florida registration.) | ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another | |
| business entity | with an active Florida registration.) id the Florida street address of the | egistered Agent. You must designate an individual or another | |
| business entity | with an active Florida registration.) In the Florida street address of the Edward F. Safee | egistered Agent. You must designate an individual or another | |
| business entity | with an active Florida registration.) In the Florida street address of the Edward F. Safee No. | egistered Agent. You must designate an individual or another ne registered agent are: | |
| business entity | with an active Florida registration.) In the Florida street address of the Edward F. Safee No. 207 Palmetto Lane | egistered Agent. You must designate an individual or another ne registered agent are: | |
| business entity | with an active Florida registration.) In the Florida street address of the Edward F. Safee No. 207 Palmetto Lane | he registered agent are: Arne P.O. Box NOT acceptable) | |
| business entity | with an active Florida registration.) id the Florida street address of the Edward F. Safee No. 207 Palmetto Lane Florida street address (Florida str | egistered Agent. You must designate an individual or another he registered agent are: ame | |

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> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---|
| MGR | Edward F. Safee |
| | 207 Palmetto Lane |
| | Largo, FL 33770 |
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| (Use attachment if necessary) | |
| CLE V: Other provisions, if any. | |
| • | July |
| CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree fellower. |
| REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | with section 605 0203 (1) (b) Florida Statutes, Lam august t |
| REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document in a provided for in s.817.155, F.S. | with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felore. |