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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division o | g Section f Corporations | | | | |
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| SURIFOT. Celer | y Fields Fruitville, LLC | | | | |
| Sobster. | (Name of Re | sulting Florida Lim | ited Cor | mpany) | |
| | | _ | | nd fees are submitted to e accordance with s. 605.10 | |
| Please return all co | orrespondence concernin | g this matter to: | | | |
| Bethany M. McMilla | n, Esq. | | | | |
| | (Contact Person) | | | | |
| DTN Management (| Co. | | | | |
| • | (Firm/Company) | | _ | | |
| 2502 Lake Lansing | Road, Suite C | | | | |
| | (Address) | | _ | | |
| Lansing, Michigan 4 | 8912 | | | | |
| | (City, State and Zip Code) | | _ | | |
| bmcmillan@dtnmgt | com | | | | |
| E-mail Address: (1 | o be used for future annual re | port notifications) | _ | | |
| For further inform | ation concerning this ma | tter, please call: | | | |
| Bethany M. McMilla | n | at (517 | _\ 371- | 5300 | |
| (Name of Co | ontact Person) | (Area Code | :) (Day | 5300 ytime Telephone Number) | |
| | k for the following amou on a bank located in the | • | proces | sed by this office must be | e payable in US |
| ■ \$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization) | es \$155.00 Filing Fees and Certificate of Status | □\$180.00 Filin and Certified Co | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| Mailing Ao New Filing Division of P.O. Box 6 | Section Corporations | | New Divis | et Address: Filing Section sion of Corporations Centre of Tallahassee | 7971, AP |

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 <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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Celery Fields Fruitville, LLC |
|---|
| (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, or |
| First organized, formed or incorporated under the laws of Michigan (Enter state, or if a non U.S. entity, the name of the country) |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| October 21, 2021 |
| On |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization |
| Celery Fields Fruitville, 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 12th day of April | _20 <u>24</u> | |
|---|--|-------------------------|
| Signature of Authorized Representative of Limi | | |
| Signature of Authorized Representative: | Title: Manager of DTN Asset Manager | ment & Dovelopment, LLI |
| Signature(s) on bohalf of Other Business Entity: | [See below for required signature(s)] | |
| Signature: Printed Name: Colin Cronin | | - , , , |
| Printed Name: Colin Cronin | Title: Manager of DTN Asset Manager | ment bevelopment, LLC |
| Signature:Printed Name: | Title: | - - |
| Signature: | | |
| Signature:Printed Name: | Title: | - - |
| Signature:Printed Name: | Title: | - - |
| Signature: | | _ |
| Signature:Printed Name: | Title: | • |
| Signature:Printed Name: | Theles | - |
| Frinted Name: | | - |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | | |
| If Florida General Partnership or Limited Liabili | tv Partnership: | |
| Signature of one General Partner. | | |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty Limited Partnership: | |
| All others: Signature of an authorized person. | | -1,0 -3 |
| Fees: | | STORET IN |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | THE STATE |
| | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | : |
|--|---|
| Celery Fields Fruitville, LLC | The Comment of the WILCID |
| (Must contain the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| | rincipal office of the Limited Liability Company is: |
| | |
| Principal Office Address: | Mailing Address: |
| 2502 Lake Lansing Road | 2502 Lake Lansing Road |
| Suite C | Suite C |
| Lansing, MI 48912 | Lansing, MI 48912 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the | stered Agent. You must designate an individual or another |
| | |
| Asset Living Southeast, LLC | |
| Nan | ne |
| 4840 Dairy Road, Sulte 104 | |
| Florida street address (P. | D. Box <u>NOT</u> acceptable) |
| Melbourne | FL 32904 |
| City | Zip |
| liability company at the place designated | to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as |

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)

| N Asset Management & Development, LLC 02 Lake Lansing Road, Suite C nsing, MI 48912 |
|---|
| 02 Lake Lansing Road, Suite C |
| 02 Lake Lansing Road, Suite C |
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| nsing, Mi 46912 |
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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.

REQUIRED SIGNATURE:

Colin Cronin, Manager of DTN Asset Management & Development, LLC, a Michigan LLC

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)