L24000194758

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Red	questor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Add	dress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Add	drace)	
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(riac		
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(City	//State/Zip/Phone	e #)
ertified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP	MAIT	MAIL
ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Pur	singer Entity Nor	ma)
ertified Copies Certificates of Status	(Dus	siness Entity Nai	ne)
Special Instructions to Filing Officer:	(Doc	cument Number)	_
	Certified Copies	Certificates	s of Status
	Special Instructions to F	Filing Officer:	
			



900427855449

01/18 21 -61825--818 **150.00

71.71

٠ .

COVER LETTER

TO: New Filing S Division of C					
SUBJECT: SPEYSI	DE, LLC				
	(Name of Res	ultinį	g Florida Lim	ited Com	npany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	respondence concernin	g thi:	s matter to:		
Alicia Wilson					
	(Contact Person)			_	
Inwood Holdings, LLC					
	(Firm/Company)			_	
3495 Piedmont Road, E	3ldg 12, Suite 100				
	(Address)				
Atlanta GA 30305					
	City, State and Zip Code)			-	
AWilson@inwoodh.com	n				
E-mail Address: (to	be used for future annual re	port r	notifications)	_	
For further informat	ion concerning this ma	tter,	please call:		
Alicia Wilson		at	(404	1467-6	300 ext 1003
(Name of Cont	act Person)	_''`	(Area Code) (Day	300 ext 1003 time Telephone Number)
	for the following amount a bank located in the			process	ed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Ado New Filing S Division of C P.O. Box 633 Tallahassee,	Section Corporations 27			New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: SPEYSIDE, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited 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 Georgia (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)
on July 10, 2007 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Speyside, 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 day of April	2024
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Porter Lummus	Title: Manager
Signature(s) on behalf of Other Business Entity: 1	
Signature: Printed Name: Porter Lummus	Title: Manager
Signature:	
Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty 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 1 - Name: The name of the Limite	d Liability Company is	:	
SPEYSIDE, LLC (Must con	tain the words "Limited Liabili	ity Company, "L.L.C.," or "L.L.C.	·"
ARTICLE II - Address The mailing address an		rincipal office of the Lin	nited Liability Company is:
Principal Office Addr	ess:	Mailing Address:	
25 Bay Ridge Rd Key Largo FL 33037		24 Dockside Lane, #158 Key Largo FL 33037	
The name and the Flori	Florida registration.)		: an individual or another
25 B	ay Ridge Rd		
		D. Box <u>NOT</u> acceptable)	-
Key	Largo	FL 33037	_
	City	Zip	-
liability company registered agent and statutes relating to t	at the place designated (agree to act in this capa the proper and comple y :	in this certificate, I hereby city. I further agree to co performance of my dutics egistered agent as provide	ss for the above stated limited accept the appointment as imply with the provisions of all s, and I am familiar with and ed for in Chapter 605, F.S

(CONTINUED)

Λ	RT	CI	F	W_{-}

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	Porter Lummus
	24 Dockside Lane, #158
	Key Largo FL 33037
	
	
	·-
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
CEE V. Other provisions, it may.	
REQUIRED SIGNATURE:	. /
REQUIRED SIGNATURE.	
	/VI

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.

Porter Lummus

Typed 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)