# L24000 231729

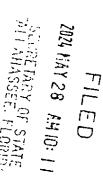
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
5-28-24			
W24000018335			

Office Use Only



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## **COVER LETTER**

Division of Corporations		
•	re Propertie	s LLC
	ne of Resulting Florida Limited Co	
	n, Articles of Organization, a	nd fees are submitted to convert an "Other
Please return all correspondence cor	ncerning this matter to:	
_SCOH SMIVAN		
TOWN COVE Proper	ties LLC	
1535 BLACK DYN	,, e SE	
St. Petershwa	PL 33701	
SVIIIVANDPOPERTIES	1egman.com	
E-mail Address: (to be dised for future a For further information concerning t	•	
SCOH SVIIVAN  (Name of Contact Person)	at (462 ) 4	-40-4274 vtime Telephone Number)
ŕ	g amount: (All checks proces	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:	· · · · · · · · · · · · · · · · · · ·	t Address:
New Filing Section Division of Corporations		Filing Section ion of Corporations
P.O. Box 6327		Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## INHS11 (7/17)

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a SIMOLE—WEMBEV UC  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on NOVEMBER 21, 2019  (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization  TOWN COVER WORTT S. LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1000 1 1 20 24
(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 Way of December	K 20 23	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: The Printed Name: SCOTT SVILLE OF STREET STREE	Title MANAGEV	_
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: W Out	Title:	<del>-</del>
Signature:	,	-
Printed Name:	Title:	<del>-</del> -
Signature:		
Printed Name:	Title:	-
Signature:		_
Printed Name:	Title:	-
Signature:		_
Printed Name:	Title:	-
Signature:		_
Printed Name:	Title:	-
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.	
	•	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit	ty I imited Doutneyshin.	
Signatures of ALL General Partners.	ty Cunited Partnership:	ales 📂
All others:		170 P
Signature of an authorized person.		FIL 1014 HAY 28 SCURETARY ALL AHASSEE
Fees:		
Articles of Conversion:	\$25.00	ED AHIO: OF STA FLOR
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:	
TOWNCOVE Prope	Mies, LLC	
(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is	<b>S</b> :
Principal Office Address:	Mailing Address:	
1535 Beach Onve SE St petersburg, FL 33701	1535 Blach Drive SE St. Petersburg, Fl. 32701	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)	rered Office, & Registered Agent's Signature:	
The name and the Florida street address of t	the registered agent are:	η
SCOH D.	CMivan 22 ∞ L	<u>П</u>
	Vame ± C	J
1535 Bear	Ch brive SE	
Florida street address (	(P.O. Box NOT acceptable)	
St. Petersbi	VO) FL 33701	
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 pefformance 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..

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- The name and address of each person a	authorized to manage and control the Limited Liability
Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MUNUAL	SCOH SULTVAN 1535 Blach Drive SE St. Pitershurg, Fl 32701
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
N.b X	J-(MV
This document is executed in accordant any false information submitted in a do	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes, I am aware that cument to the Department of State constitutes a third degree felony
S(C)+	Typed or printed name of signee
	Typed or printed name of signee Filing Fees
المنساء م سال	indian and Designation of Registered Agen
\$125.00 Filing Fee for Article \$ 30.00 Certified Copy (Opti	ional) \$ 5.00 Certificate of Status (Optional)