# 

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

06/25/24

NAME:

THE GATEWAY APARTMENTS FMB, LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

| TO: New Filing Section Division of Corporations  |   |   |   |
|--|---|---|---|
| SUBJECT: The Gateway Apartments Fi   | MB, LLC                                       |   |   |
| (Name o  | f Resulting Florida Limit                     | ed Company)   |   |
| The enclosed Articles of Conversion, A Business Entity" into a "Florida Limite   | Articles of Organizati<br>d Liability Company | on, and fees are submi  | itted to convert an "Other<br>s. 605.1045, F.S. |
| Please return all correspondence conce   | rning this matter to:                         |   |   |
| Terry Persaud  |   |   |   |
| (Contact Person)   | <u></u>                                       |   |   |
| Persaud Properties   |   |   | ~,  |
| (Firm/Company)   | 1-47  |   | , 720,  |
| 385 Seminole Way   |   |   |   |
| (Address)  |   |   |   |
| Ft. Myers, FL 33931  |   |   | 2024 JUN 25 F.1 9: 47                           |
| (City, State and Zip Co  | de)   | ,   |   |
| persaudprop@aol.com  |   |   |   |
| E-mail Address: (to be used for future annu  | al report notifications)                      |   | 7   |
| For further information concerning this  | matter, please call:                          |   |   |
| Terry Persaud  | at ( <sup>612</sup>                           | 245-3000  |   |
| (Name of Contact Person)   | (Area Code)                                   | ) 245-3000<br>(Daytime Telephone Nu   | mber)   |
| Enclosed is a check for the following a dollars and drawn on a bank located in   | mount: (All checks p                          |   |   |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  □ \$155.00 Filing Fee and Certificate of Status | ees \$180.00 Filing and Certified Cop         |   | nd  |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                                   |   | Street Address: New Filing Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Stree | ssee  |

Tallahassee, FL 32303

### 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.

| <ol> <li>The name of the "Other Business Entity" immediately prior to the filing of the Arti<br/>The Gateway Florida, LLC</li> </ol>   | icles of Conversion is:  |
|--|--------------------------|
| (Enter Name of Other Business Entity)  | <del></del> ~'           |
| 2. The "Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, com   | 2021                     |
|  |                          |
| First organized, formed or incorporated under the laws of  | 72                       |
| (Enter state, or if a non-U.S. entity, t   | he name of the country)  |
| May 3, 2021 on   | the name of the country) |
| (date of organization, formation or incorporation)   | -                        |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Ar   | rticles of Organization: |
| The Gateway Apartments FMB, LLC  |                          |
| (Enter Name of Florida Limited Liability Company)  | <del></del> ·            |
| 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 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 d | ·                        |
| 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 May2   | 20_24                                 |
|---|---------------------------------------|
| Signature of Authorized Representative of Limited   | d Liability Company:                  |
| Signature of Authorized Representative: Printed Name: Terry Persaud                               |                                       |
| Printed Name: Terry Persaud   | Title: Managing Member                |
| Signature(s) on behalf of Other Business Entity: [See   | e below for required signature(s)]    |
| Signature: Avendra Persaud  |                                       |
| Printed Name: Avendra Persaud   | Fitle: Vice President                 |
| Signature:  |                                       |
| Signature: Printed Name:  | Title:                                |
| Signature:  |                                       |
| Signature: T  | Γitle:                                |
| Signature: T  | 203                                   |
| Printed Name: T   | Title:                                |
| Signature:  | ~ .=                                  |
|   |                                       |
| Signature:  |                                       |
| Signature: T  | Title:                                |
| If Florida Corporation:   | · · · · · · · · · · · · · · · · · · · |
| Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Incorp     |                                       |
| •   | •                                     |
| <u>If Florida General Partnership or Limited Liability P</u><br>Signature of one General Partner. | <u>'artnership:</u>                   |
|   |                                       |
| If Florida Limited Partnership or Limited Liability L. Signatures of ALL General Partners.        | imited Partnership:                   |
| orbitalist of the Constant and total  |                                       |

All others:
Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The Gateway Apartme   |   | lity Company, "L.L.C.," or "LLC."  | <del></del>                                   |
|---|---|--|---|
| ·   |   | ,,   |   |
| ARTICLE II - Add  | "   | insinal office of the Limi   | itad Liability Company in                     |
| The maning address  | and street address of the   | principal office of the Limi   | ted Liability Company is:                     |
| Principal Office Ad   | dress:  | Mailing Address:   |   |
| c/o Terry Persaud   |   | c/o Terry Persaud  |   |
| 385 Seminole Way  |   | 385 Seminole Way   |   |
| Ft. Myers, FL 33931   |   |  |   |
|   | istand Agent Degister   | Ft. Myers, FL 33931  | gant's Signature:                             |
| ARTICLE III - Reg<br>(The Limited Liability Com-<br>business entity with an acti  | pany cannot serve as its own Reg<br>ve Florida registration.)   | ed Office, & Registered A jistered Agent. You must designate a                       | an individual or another                      |
| ARTICLE III - Reg<br>(The Limited Liability Com-<br>business entity with an acti  | pany cannot serve as its own Reg  | ed Office, & Registered A jistered Agent. You must designate a                       | gent's Signature:<br>an individual or another |
| ARTICLE III - Reg<br>(The Limited Liability Com-<br>business entity with an acti  | pany cannot serve as its own Reg<br>ve Florida registration.)   | ed Office, & Registered A jistered Agent. You must designate a                       | gent's Signature:                             |
| ARTICLE III - Reg<br>(The Limited Liability Com-<br>business entity with an acti  | pany cannot serve as its own Reg<br>ve Florida registration.)<br>orida street address of the                                | ed Office, & Registered A istered Agent. You must designate at registered agent are: | gent's Signature:<br>an individual or another |
| ARTICLE III - Reg<br>(The Limited Liability Com-<br>business entity with an acti  | pany cannot serve as its own Reg ve Florida registration.)  orida street address of the  Terry Persaud                      | ed Office, & Registered A istered Agent. You must designate at registered agent are: | gent's Signature:<br>an individual or another |
| ARTICLE III - Reg<br>(The Limited Liability Combusiness entity with an action of the name and the Florida in the F | pany cannot serve as its own Reg ve Florida registration.)  orida street address of the Terry Persaud  Nan 385 Seminole Way | ed Office, & Registered A istered Agent. You must designate at registered agent are: | gent's Signature:<br>an individual or another |
| ARTICLE III - Reg<br>(The Limited Liability Combusiness entity with an action of the name and the Florida in the F | pany cannot serve as its own Reg ve Florida registration.)  orida street address of the Terry Persaud  Nan 385 Seminole Way | ed Office, & Registered A istered Agent. You must designate a registered agent are:  | gent's Signature:<br>an individual or another |

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)

| Title:   | Name and Address:   |
|--|---|
| "AMBR" = Authorized Member   |   |
| "MGR" = Manager<br>AMBR  | Terry Persaud   |
|  | 385 Seminole Way  |
|  | Ft. Myers, FL 33931   |
| MGR  | Avendra Persaud   |
|  | c/o Terry Persaud   |
|  | 385 Seminole Way  |
|  | Ft. Myers, FL 33931   |
| <del></del>  |   |
|  |   |
|  |   |
|  |   |
|  |   |
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| (The extended with the control of th |   |
| (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.  |   |
| LE V: Other provisions, if any.  |   |
| REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance of a member of a member or a   | in authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree felo |
| REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance of any false information submitted in a document is a document in a  | in authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the  |
| REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance of any false information submitted in a document provided for in s.817.155, F.S.  Terry Persaud  | in authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the  |

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company: