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Office Use Only



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11/04/24--01006--011 **150.00

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Rimrock Hospitality PCB, LLC		
(Name of Resu	ilting Florida Limit	ed Company)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia	_	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:	
Carrie Bailey		
(Contact Person)		
Rimrock Development Holdings LLC		
(Firm/Company)		
343 NW Cole Terrace Ste. 201		
(Address)		
Lake City, FL 32055		
(City, State and Zip Code)		
carrie@rimrockcompanies.com		
E-mail Address: (to be used for future annual rep	ort notifications)	
For further information concerning this matt	ter, please call:	
Carrie Bailey	_at (240-1388 Ext 434
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amour dollars and drawn on a bank located in the U		rocessed 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 and Certified Copy	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 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: SSH EH Hotel Property III 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.)		
(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)		
November 21, 2023		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
Rimrock Hospitality PCB, 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 29 day of October	20_24
Signature of Authorized Representative of Lim	ited Liability Company:
and the state of t	
Signature of Authorized Representative: Printed Name: Micah Linton	Title: Authorized Representative
Printed Name: wican Emitor	Title. AdditionZed (representative
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Missab Liston	
Printed Name: Micah Linton	Title: Authorized Representative
Signatura	
Signature:Printed Name:	Title:
Trinco Island.	
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title1
rrinted Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	l'itle:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
	_
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership
Signatures of <u>ALL</u> General Partners.	ty Emitted Farthership.
All others:	
Signature of an authorized person.	
Para	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company, "L.L.C.," or "LLC.")
ncipal office of the Limited Liability Company is:
Mailing Address:
343 NW Cole Terrace Ste. 201
Lake City, FL 32055
Office, & Registered Agent's Signature: rred Agent. You must designate an individual or another
egistered agent are:
s LLC

343 NW Cole Terrace Ste. 201 Florida street address (P.O. Box **NOT** acceptable) FL 32055 Zip Lake City

City

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. Thereby 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.

MM

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>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	PCB Hospitality Investments, LLC
	343 NW Cole Terrace Ste 201
	Lake City, FL 32055
	
(Has attackment if massagem)	
(Use attachment if necessary)	
CLE V: Other provisions, if any,	
OLE V. Other provisions, it any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	lin ()
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	liv
.fh	
Signature of a member or	an authorized representative of a member
Signature of a member or: This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that
Signature of a member or : This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that
Signature of a member or: This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felon
Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Micah Linton, Authorized Representa	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felong

\$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent ration and Designation of Registered Agent S 5.00 Certificate of Status (OLLAHASSEE, FLORID)