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(Re	equestor's Name)	
(Ac	ddress)	
		
(AC	auress)	
(Ci	ty/State/Zip/Phone #)
(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:		
		
(Bu	isiness Entity Name)
(Do	ocument Number)	
Cadified Canina	Cadificates	f Chahar
Centified Copies	_ Certificates o	r Status
Special Instructions to	Filing Officer:	





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2024 NOV 25 AN 8; 30

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 fi SSH Hotel Property XVII LLC	iling of the Articles of Conversion is:
(Enter Name of Other Business Entity)	· · · · · · · · · · · · · · · · · · ·
The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general	partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of	a non-U.S. entity, the name of the country)
Dcember 7, 2023	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in t	he attached Articles of Organization:
Rimrock Hospitality Villages, 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	
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 redocument's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all app	olicable statutes.
 The "Converted or Other Business Entity" has agreed to pay any memb which such members are entitled under ss. 605,1006 and 605,1061-605 	

Signed this 19 day of November	_ 20 <u> 24</u>
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	
Signature:Micah Linton	
Printed Name: Micah Linton	Title: Authorized Representative
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
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 Liabilit Signature of one General Partner.	v Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nar The name of the Li	ne: imited Liability Company	is:	
Rimrock Hospitality (Mr		bility Company, "L.L.C.," or "L.L.C.,")	
ARTICLE II - Ad The mailing addres		e principal office of the Limited	d Liability Company is:
Principal Office A	Address:	Mailing Address:	
343 NW Cole Terrac Lake City, FL 3205		343 NW Cole Terrace, Suite Lake City, FL 32055	e 201
(The Limited Liability C		red Office, & Registered Age egistered Agent. You must designate an in	
The name and the	Florida street address of the	ne registered agent are:	
	Rimrock Development Hole		
	N	ame	
	343 NW Cole Terrace, Sui	te 201	
	Florida street address (I	P.O. Box <u>NOT</u> acceptable)	
	Lake City	FL 32055	
	City	Zip	
liability comp registered agent statutes relatin	nany at the place designate, and agree to act in this cap g to the proper and completingations of my position as Registered Agent's S	nd to accept service of process for d in this certificate. I hereby acceptacity. I further agree to complete performance of my duties, and registered agent as provided for MM	vept the appointment as y with the provisions of al nd I am familianswith and
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The name and address of each person authorized to manage and control the Limited Liability Company:

Villages Hospitality Investments, LLC	
Lake City, FL 32055	_
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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.

Micah Linton, Authorized Representative

Typed or printed name of signee

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)