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(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: CUSTANER COLLED OF 11604 ATI ON 12-5-24 for write 47 OFFI CONVERSION Expressed of

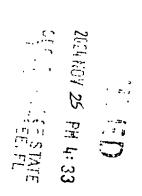
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COVER LETTER

TO: New Filing Se Division of Co				
SUBJECT: Sail View	Apartments, LLC			
30b/LC1	(Name of Res	ulting Florida Limi	ted Com	ppany)
				d fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Julie A. Torrez, Esq.				
	(Contact Person)		_	
Richard D. Saba, P.A.				
•	(Firm/Company)		_	
2033 Main Street, Suite	e 400			
	(Address)		-	
Sarasota, FL 34237				
(0	City, State and Zip Code)		-	
gwindsor@tds.net				
E-mail Address: (to be	e used for future annual re	port notifications)	_	
For further information	on concerning this ma	tter. please call:		
Julie Torrez		_at (952-0	9990
(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
	or the following amou a bank located in the		orocess	sed 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 Co	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, 1	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations centre 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.

(Enter Name of Other Business E	ntity)
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partne	ership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of $\underline{\underline{\hspace{0.5cm}}}^{D}$	Delaware er state, or if a non-U.S. entity, the name of the country)
12/03/2009	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as s Soul VIEW Franke of Florida Limited Liability ((Enter Name of Florida Limited Liability Company)	<u>C</u>
4. If not effective on the date of filing, enter the effective de (The effective date: Cannot be prior to date of receipt or the date this document is filed by the Florida Department Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	filed date nor more than 90 calendar days after nt of State.)
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 which such members are entitled under ss. 605,1006 and 60	· · · · · · · · · · · · · · · · · · ·
	CC AGAINST

Docusign Envelope ID: 562FCE54-CC2E-4F08-ADD4-EF5E869EBEA5 day of November 20 24 . Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: -AADF8BSSB2CB16E Manager Printed Name: Grover Windsor Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Grover Windsor Signature: Printed Name: Grover-Windson-BE... Title: Authorized Member Signature: Title: Printed Name:_____ Signature: ______ Title: ______ Title: _____ Title: _____ Printed Name:______ Signature: ______ Title: ______ Printed Name:_____ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

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)

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sail View Apartments, LLC (Must contain the work	'Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street ac	ress of the principal office of the Limited Liability Compan
Principal Office Address:	Mailing Address:
15 PARADISE PLAZA STE 365	15 PARADISE PLAZA STE 365
SARASOTA, FL 34239	SARASOTA, FL 34239
ARTICLE III - Registered Age	, Registered Office, & Registered Agent's Signature:
	as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are:
(The Limited Liability Company cannot ser business entity with an active Florida regis The name and the Florida street a	dress of the registered agent are:
(The Limited Liability Company cannot ser business entity with an active Florida regis The name and the Florida street a RICHARD D.	dress of the registered agent are:
(The Limited Liability Company cannot ser business entity with an active Florida regis The name and the Florida street a RICHARD D. 2033 MAIN S	as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are: ABA, P.A. Name
(The Limited Liability Company cannot ser business entity with an active Florida regis The name and the Florida street a RICHARD D. 2033 MAIN S	dress of the registered agent are:

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)

ARTICLE IV-

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	GROVER WINDSOR
	15 PARADISE PLAZA STE 365
	SARASOTA, FL 34239
	
(Use attachment if necessary)	مد ارت و و
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LE V: Other provisions, if any.	i r
	· · · · · · · · · · · · · · · · · · ·
REOUIRED SIGNATURE:	
REQUIRED SIGNATURE:	— DocuSigned by:
REQUIRED SIGNATURE:	—Docusigned by: Grown Windson
REQUIRED SIGNATURE:	(
Signature of a member or	Growr Windsor AADF8855B2CB4BE an authorized representative of a member
Signature of a member or This document is executed in accordance	Growr Windsor AADF8855B2CB4BE an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware
Signature of a member or This document is executed in accordance	Growr Windsor AADF8855B2CB4BE an authorized representative of a member

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)