124000500647

(Requestor's Na	ame)
(Address)	
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(City/State/Zip/f	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Nur	nber)
Certified Copies Certifi	cates of Status
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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Rimrock	Hospitality Ft. Myers. LL	.C		
	(Name of Res	sulting Florida Lin	ited Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g 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@rimrockcompar	nies.com			
E-mail Address: (to b	e used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call	:	
Carrie Bailey		at (⁹⁰⁴	,240-	1388 Ext 434
(Name of Conta	ict Person)	(Area Cod	e) (Day	1388 Ext 434 time Telephone Number)
	or the following amou a bank located in the		process	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 Filin and Certified Co	_	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee. I	ection orporations 7		New Divis The C 2415	Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 PH The section ion of Corporations PH The section ion of Corporations The section ion ion ion ion ion ion ion ion ion

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 IV 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.)
First organized, formed or incorporated under the laws of
11/21/23 (date of organization, formation or incorporation)
(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 Ft. Myers, 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 19 day of November	2024
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:Printed Name: Micah Linton	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: Micah Linton	Title: Authorized Representative
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	<u> </u>
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
<u>lf Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
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)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	S:	
Rimrock Hospitality Ft. Myers, LLC		
(Must contain the words "Limited Liabi	ility Company, "L.L,C.," or "L.LC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
343 NW Cole Terrace, Suite 201 Lake City, FL 32055	343 NW Cole Terrace, Suit Lake City, FL 32055	te 201
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an	
Rimrock Development Holdi	ings H.C.	
Nar	• • • • • • • • • • • • • • • • • • • •	
343 NW Cole Terrace, Suite	201	
- · · · · · · · · · · · · · · · · · · ·	O. Box NOT acceptable)	
Lake City	FL 32055	
City	Zip	
Registered Agent's Si	in this certificate. I hereby accacity. I further agree to complete performance of my duties, as registered agent as provided for the MM gnature (REQUIRED)	cept the appointment as ly with the provisions of all nd I am familiar with and
(CONTI	NUED)	OV 25 PH 2

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Ft. Myers Hospitality Investments, LLC 343 NW Cole Terrace, Suite 201 Lake City, FL 32055
	2024 NOV 25 PM 2: 10
(Use attachment if necessary) RTICLE V: Other provisions, if any.	PH 2: 10 SEE, FL
REQUIRED SIGNATURE:	/
	an authorized representative of a member

locument 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) S 5.00 Certificate of Status (Optional)