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(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2021-DEC 20 PMI2: 13 2021-DEC 20 PMI2: 13
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Account#: 12000000088 If there are any issues please contact Cheyanne at 850-202-1882

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رت ر:

Date:	12/20/2024

Name: Cheyanne Davis

Reference #:____ 2600222

Entity Name:	ARCHIVIST CAPITAL RE 70 PARK, LLC	

Articles of Incorporation/Authorization to Transact Business

٦	Amendment

Г

Г

of	Agent
	of



🗸 Conver	sion
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] Dissolution/Withdrawal



Other_____

Authorized	Amount:	\$150.00	
Signature:	Onyma	Paine	

© CORPORATE HQ COGENCY GLOBAL INC. 10 E 40²⁺ 51, 10²⁺ FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607 DEUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES, REGISTER # 50107:2 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY UNIT B, I/F, LIPPO LEIGHTON TOWER ID3 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 F: +852.2682.9790

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: _____ Archivist Capital RE 70 Park, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion. Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045. F.S.

Please return all correspondence concerning this matter to:

Carl Vosicka

(Contact Person)

Perkins Coie LLP

(Firm/Company)

1120 NW Couch St., 10th Fl.

(Address)

Portland, OR 97209

(City, State and Zip Code)

cvosicka@perkinscoie.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Carl Vosickaat (503727-2200(Name of Contact Person)(Area Code)(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:	Stree	t Address:	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Talłahassee, FL 32303 ر . ا

INHS11 (7/17)



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 C	
	Archivist Capital RE 70 Park, 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 o	r business/trust. etc.)

First organized, formed or incorporated under the laws of <u>Oregon</u>

(Enter state, or if a non-U.S. entity, the name of the country)

on June 8, 2016 (date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Archivist Capital RE 70 Park, 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.)

<u>Note:</u> 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 <u>19th</u> day of <u>December</u>	20 24		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative:			
Printed Name: Stephen Marsh	Title: Manager	_	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)		
CocuStaned by	ace below for required significations/		
Signature: Printed Name: Stephen Marsh	Title: Momber	_	
Printed Name:		_	
Signature:		_	
Printed Name: Märy'Märsh	Title:Member	- (2)	
Signature:		- 😳	
Signature:Printed Name:	Title:	- :j	
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Signature:Printed Name:	Title:	_	
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Printed Name:	_ Title:		
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or 0 If Directors or Officers have not been selected, an Inc	Title: Officer. corporator must sign.	-	
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc <u>If Florida General Partnership or Limited Liability</u>	Title: Officer. corporator must sign.	-	
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or 0 If Directors or Officers have not been selected, an Inc <u>If Florida General Partnership or Limited Liability</u> Signature of one General Partner.	Title: Officer. corporator must sign. ty Partnership:		
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or 0 If Directors or Officers have not been selected, an Inc <u>If Florida General Partnership or Limited Liability</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liability</u>	Title: Officer. corporator must sign. ty Partnership:	-	
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or 0 If Directors or Officers have not been selected, an Inc <u>If Florida General Partnership or Limited Liabilit</u> Signature of one General Partner.	Title: Officer. corporator must sign. ty Partnership:	-	
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or 0 If Directors or Officers have not been selected, an Inc <u>If Florida General Partnership or Limited Liability</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liability</u>	Title: Officer. corporator must sign. ty Partnership:		
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Ind <u>If Florida General Partnership or Limited Liabilit</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u>	Title: Officer. corporator must sign. ty Partnership:		
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or (If Directors or Officers have not been selected, an Inc <u>If Florida General Partnership or Limited Liability</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liability</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person.	Title: Officer. corporator must sign. ty Partnership:	-	
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or 0 If Directors or Officers have not been selected, an Inc <u>If Florida General Partnership or Limited Liabilit</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. <u>Fees:</u> Articles of Conversion: Fees for Florida Articles of Organization:			
Printed Name: If Florida Corporation: Signature of Chairman. Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion:	Title: Officer. corporator must sign. ty Partnership: ty Limited Partnership: \$25.00		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Archivist	Capital	RE 70	Park.	LLC
			,	

Archivist Capital RE 70 Park, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address:</u>	20	
4499 Woodfield Blvd.	4499 Woodfield Blv	d 2024 (150)	r:I
Boca Raton, FL 33434	Boca Raton, FL 33-		-
			te Ha
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate a		بر الله الم
Stephen Marsh	_		
	Name		

4499 Woodfield Blvd. Florida street address (P.O. Box NOT acceptable)

Boca Raton <u>33434</u> Zip FL. 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. 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.,

> DocuSigned by: 12-- 5F 10855F00484C4

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

· · · ·

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

"MGR" = Manager MGR	Marsh Family Revocable Trust	
	4499 Woodfield Blyd.	
	Boca Raton, FL 33434	
		 2034 [v£C
		<u>ر.</u> ا
	· · · · · ·	<u> </u>
		<u> </u>
		:
(Use attachment if necessary)	· · ·	
	· ·	
LE V: Other provisions, if any.	- n/a	

REQUIRED SIGNATURE:

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.

Stephen Marsh

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)