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(Requestor's Name)

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MAIL

(Business Entity Name)

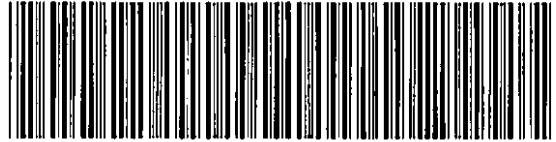
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S. CHATHAM

OCT 18 2022

2022 OCT 13 PM 2:14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT 13 PM 3:45

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/13/22

NAME: CHULA VISTA TOWN CENTER ASSOCIATES II, INC.

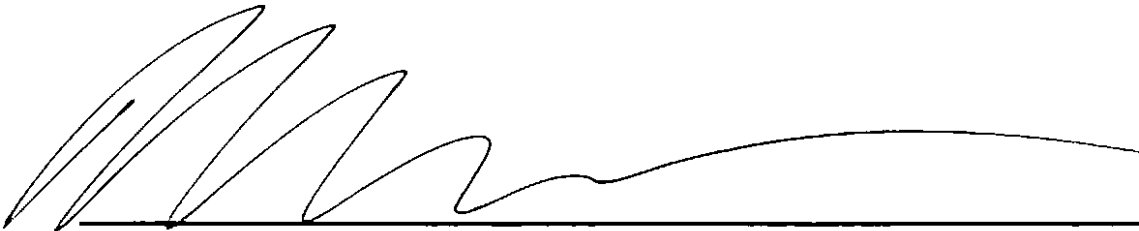
TYPE OF FILING: ARTICLES

COST: 105.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: CHULA VISTA TOWN CENTER ASSOCIATES II, INC.
Ref. Number: W22000129899

We received your online transmitted document. However, the document has not been filed for the following:

The corporation was previously filed on 10/05/2022. Please contact our office about a possible refund.

If you have any further questions concerning your filing, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II
New Filing Section

Letter Number: 922A00023057

*Please keep original file date. The reversed
filing was for an LLC. ✓*

Thank you!

2022 OCT 18 PM 2:23
11:00:00 AM

CHULA VISTA TOWN CENTER ASSOCIATES, II, LLC
7775 Baymeadows Way, Suite 300
Jacksonville, FL 32256

October 17, 2022

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
DIVISION OF CORPORATION
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Ladies and Gentlemen,

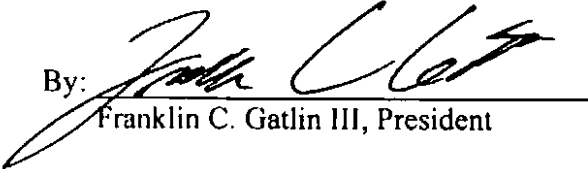
The undersigned, CHULA VISTA TOWN CENTER ASSOCIATES II, LLC, hereby gives permission to CHULA VISTA TOWN CENTER ASSOCIATES II, INC. to use the name "Chula Vista Town Center Associates" for all business purposes within and without the state of Florida.

Very truly yours

Chula Vista Town Center Associates II, LLC

By: Chula Vista Town Center Associates II, Inc.
Its: Manager

By:


Franklin C. Gatlin III, President

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

CHULA VISTA TOWN CENTER ASSOCIATES II, INC.

Enter Name of the Converting Entity

2. The converting entity is a **corporation**

(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **California**

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

on **June 26, 2003**

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

CHULA VISTA TOWN CENTER ASSOCIATES II, INC.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

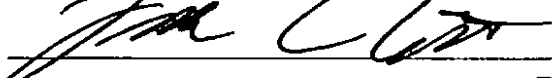
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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Signed this 10th day of October, 2022.


Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:



Printed Name: Franklin C. Gatlin III Title: President

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 

Printed Name: Franklin C. Gatlin III Title: Sole Director and Shareholder

Signature: 

Printed Name: Franklin C. Gatlin III Title: President

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME

The name of the corporation shall be: CHULA VISTA TOWN CENTER ASSOCIATES II, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

1301 Riverplace Blvd. Suite 1900
Jacksonville, FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any lawful act or activity for which corporations
may be organized under the laws of the State of Florida

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ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Franklin C. Gatlin III, director

Address: 7775 Baymeadows Way, Suite 300
Jacksonville, Florida 32256

Name and Title: Franklin C. Gatlin III, Treasurer

Address: 7775 Baymeadows Way, Suite 300
Jacksonville, Florida 32256

Name and Title: _____

Address: _____

Name and Title: Franklin C. Gatlin III, President

Address: 7775 Baymeadows Way, Suite 300
Jacksonville, Florida 32256

Name and Title: Julie Passalacqua, Secretary

Address: 7775 Baymeadows Way, Suite 300
Jacksonville, Florida 32256

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Franklin C. Gatlin III

Address: 1301 Riverplace Blvd. Suite 1900

Jacksonville, FL 32207

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

October 10, 2022

Date

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