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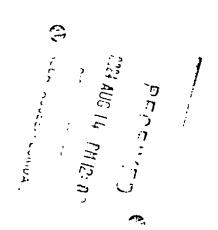
 ,	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
<u></u>	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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2024 AUG 14 AM 9: 47





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/13/2024	
Name:	Patrice Rush	_
Reference #	2465795	_
	8415 FLOWE	R AVENUE, L.L.C.
✓ Articl ☐ Amer ☐ Chan ☐ Reins	es of Incorporation/Authorization indment inge of Agent statement version	Zy AU
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
✓ Othe	CERTIFIED COPY	AND CERTIFICATE OF STATUS
Authorized A	Amount: \$185.00	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 08/13/2024		
Name:Patrice Rush		
Reference #:	, ,	20
Entity Name: 8415 FLOWER AVENUE, L.L.C.	- '	124 A
✓ Articles of Incorporation/Authorization to Transact Business☐ Amendment	MASSES FL	6 14 WA 3:4
Change of Agent	ini.	<u>,</u> 7
Reinstatement		
✓ Conversion		
☐ Merger		
☐ Dissolution/Withdrawal		
Fictitious Name		
Other CERTIFIED COPY AND CERTIFICATE OF STATU	s	
Authorized Amount: \$185.00 Signature:		

COVER LETTER

TO: New Filing Son Division of C						
SUBJECT: 8415 FL	OWER AVENUE, L.L.C.					
	(Name of Res	sulting Florida Lim	ited Cor	mpany)		
				nd fees are submitted to coccordance with s. 605.10		Other
Please return all corre	espondence concernin	g this matter to:				
Daniel A. Barrera, ESC	Ω.				JELEAHASSEE EL	70.26 MB 91 DIN 2507
	(Contact Person)		_		ration C	S
Lerch Early & Brewer.	Chtd.				<u> </u>	 5-
	(Firm/Company)		_		်လ လွှင့် ခု	E?
7600 Wisconsin Ave, S	Suite 700				(T)~.	≆. س
	(Address)		_		13. 17.1	15. 15.
Bethesda, MD, 20814					ניז '	1
	City, State and Zip Code)		_			
dabarrera@lerchearly.	com					
E-mail Address: (to b	e used for future annual re	port notifications)	_			
For further informati	on concerning this ma	tter, please call:				
Daniel A. Barrera		at (³⁰¹	347-	-1267		
(Name of Conta	ict Person)		(Da	ytime Telephone Number)	-	
	for the following amou a bank located in the		proces	sed by this office must b	e payable in	US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□S155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add	ress:		Stree	et Address:		
New Filing S	ection		New	Filing Section		
Division of C				sion of Corporations		
P.O. Box 632	I.f		The (Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 8415 FLOWER AVENUE, L.L.C.	of Conversion is:
(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 le	aw or business dust, etc.)
First organized, formed or incorporated under the laws of	TAU T
(Enter state, or if a non-U.S. entity, the na	ime of the country)
October 6, 1999	Sign 1
(date of organization, formation or incorporation)	A B M
3. The name of the Florida Limited Liability Company as set forth in the attached Article	1 3
8415 FLOWER AVENUE, L.L.C.	•
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: August 15, 2024	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 c	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 w document's effective date on the Department of State's records.	vill not be listed as the
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 13th day of August	20_24		
Signature of Authorized Representative	of Limited Liability Company:		
	-SIGNED by Lewis I. Winarsky		
Signature of Authorized Representative: _	on 2024-08-13 09:55:24 CDT		
Printed Name: Lewis I. Winarsky	Title: Manager	_	
Signature(s) on behalf of Other Business E	entity: [See below for required signature(s)]		
Printed Name: Lewis I. Winarsky	Title: Manager	_	
Simplific			
Printed Name:	Title:	_	
			2
Signature:	mil	_ ;='.	
Printed Name:	I itle:	- []	2024 AUG 14,
Signature:		:- :1:	<u>.</u>
Printed Name:	Title:	- 8	Ť
	Title:	اندسا اندسا	\geq
Signature:	Title:	_ (*)'\(\sigma\) 	လ္
Timed Name.			~
Signature:		_	_
Printed Name:	Title:	_	
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Dire	etor, or Officer.		
If Directors or Officers have not been selected	d, an Incorporator must sign.		
If Florida General Partnership or Limited	Liability Partnershin:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:		
All others: Signature of an authorized person.			
Signature of an authorized person.			
Fees:			
Articles of Conversion:	\$25.00		
Fees for Florida Articles of Organiz			
Certified Copy:	\$30.00 (Optional)		
Certificate of Status:	\$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

8415 FLOWER AVENUE, L.L.C. (Must contain the word	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street ad	ress of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
1058 N. TAMIAMI TR	1058 N. TAMIAMI TR STE 108-252
STE 108-252	STE 108-252
0.4.D.1.0.0.T.1. El .0.4000	
(The Limited Liability Company cannot serv	t, Registered Office, & Registered Agent's Signature as its own Registered Agent. You must designate an individuation another
ARTICLE III - Registered Age: (The Limited Liability Company cannot serve business entity with an active Florida regist) The name and the Florida street a	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
ARTICLE III - Registered Age (The Limited Liability Company cannot serv business entity with an active Florida regist	t, Registered Office, & Registered Agent's Signature as its own Registered Agent. You must designate an individual of another tion.) dress of the registered agent are:
ARTICLE III - Registered Age: (The Limited Liability Company cannot serve business entity with an active Florida regist) The name and the Florida street a	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
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ARTICLE III - Registered Age: (The Limited Liability Company cannot serve business entity with an active Florida regist) The name and the Florida street a Cogency Global 115 N Calhour	t, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
ARTICLE III - Registered Age: (The Limited Liability Company cannot serve business entity with an active Florida regist) The name and the Florida street a Cogency Global 115 N Calhour	sARASOTA, FL 34236 t, Registered Office, & Registered Agent's Signature as its own Registered Agent. You must designate an individual or another stion.) 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.

E-SIGNED by Eric Hood on 2024-08-13 09:18:36 CDT Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"AMBR" = Authorized Member "MGR" = Manager		
MGR	Lewis I. Winarsky	
	1058 N. TAMIAMI TR, STE 108-252	
	SARASOTA, FL 34236	
		
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		— ⊚
		<u>_</u>
	. <u></u>	
		دب_
(Use attachment if necessary)		1,7
(Ose attachment it necessary)		
LE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
E-SIGNED by Lewis I. Winarsky on 2024-08 -13 09:55:50 CDT		

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.

Lewis I. Winarsky

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)