4840C00CCC

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:
1

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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

CERTIFIED COPY XX PHOTOCOPY	
XX PHOTOCOPY	
CUS :3	
XX FILING CONVERSION 3	:1
1. SH1 LINDO OPCO, LLC (CORPORATE NAME AND DOCUMENT #)	<u> </u>
2.	<i></i>
(CORPORATE NAME AND DOCUMENT #)	
3. (CORPORATE NAME AND DOCUMENT #)	
4.	
(CORPORATE NAME AND DOCUMENT #)	
5. (CORPORATE NAME AND DOCUMENT #)	_
6.	
(CORPORATE NAME AND DOCUMENT #)	
SPECIAL INSTRUCTIONS:	

COVER LETTER

TO:	New Filing S Division of C						
SHR	IECT. SH1 LIN	IDO OPCO, LLC					
2010	EC1.	(Name of Re	sulting Florida Lim	nited Con	mpany)	-	
					nd fees are submitted to accordance with s. 605.		
Please	return all corr	espondence concernir	ig this matter to:	:			
N. DV	VAYNE GRAY, J	IR. ESQUIRE					20.
		(Contact Person)					: 71
ZIMM	ERMAN, KISER	& SUTCLIFFE, P.A.					2025 F T N = 7
		(Firm/Company)		_			• -1
315 E	. ROBINSON ST	FREET, SUITE 600				·_	;
		(Address)		_		*	٠,
ORLA	NDO, FL 32801			_			
-	((City, State and Zip Code)					
	ORATE@ZKSL		<u></u>	_			
E-n	nail Address: (to b	e used for future annual re	port notifications)				
For fu	rther informati	on conce <mark>rnin</mark> g this ma	tter, please call:				
JESSI	CA SNYDER, C	ORPORATE PARALEG	Alat (407) 425-	7010		
	(Name of Conta) (Day	ytime Telephone Number)	_	
		or the following amou a bank located in the		process	sed by this office must	be payable	e in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	\$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 Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite	e 810	

Tallahassee, FL 32303

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 A SH1 LINDO OPCO LLC	rticles of Conversion	is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	2025	
(Enter entity type. Example: corporation, limited partnership, general partnership, co	mmon law or business tru	ist, etc.
First organized, formed or incorporated under the laws of		
(Enter state, or if a non-U.S. entity	/, the name of the country	·) ፲
SEPTEMBER 27, 2018 (date of organization, formation or incorporation)	ن ب	نه نوب ا
(date of organization, formation or incorporation)	. . 7	
3. The name of the Florida Limited Liability Company as set forth in the attached A	Articles of Organiza	tion:
SH1 LINDO OPCO, 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 that 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 document's effective date on the Department of State's records.		
5. The plan of conversion has been approved in accordance with all applicable statut	es.	
 The "Converted or Other Business Entity" has agreed to pay any members having appropriate which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	praisal rights the amou	int to

Signed this day of FEBRUARY	_20 <u>_25</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: LOUIS F. GARRARD, V	Title: MANAGER	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	
Signature:	_ Title: MANAGER	
Signature:Printed Name:		
Signature:Printed Name:		2025 = - 0
Signature:Printed Name:	_Title:	; ; ;
Signature:Printed Name:	_ Title:	· **
Signature:Printed Name:	Title:	1
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		

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

SH1 LINDO OPC				
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II The mailing add		the principal office of the Limited Liability	Compan	y is:
Principal Office	e Address:	Mailing Address:		;
	ENILIE	505 ARIANA AVENUE	1	-
505 ARIANA AVE	.1105	0007477777777	1	
505 ARIANA AVE AUBURNDALE, F		AUBURNDALE, FLORIDA 33823 //	_ ·-! :	
AUBURNDALE, F	FLORIDA 33823	AUBURNDALE, FLORIDA 33823		
ARTICLE III - (The Limited Liability business entity with	FLORIDA 33823 Registered Agent, Regis	AUBURNDALE, FLORIDA 33823 // tered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or	ature:	
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Regist Company cannot serve as its own an active Florida registration.)	AUBURNDALE, FLORIDA 33823 tered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or the registered agent are:	ature:	
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Regist Company cannot serve as its own an active Florida registration.) e Florida street address of N. DWAYNE GRAY, JR.	AUBURNDALE, FLORIDA 33823 tered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or the registered agent are:	ature:	
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Regist Company cannot serve as its own an active Florida registration.) e Florida street address of N. DWAYNE GRAY, JR.	tercil Office, & Registered Agent's Sign Registered Agent. You must designate an individual or the registered agent are: ESQUIRE Name	ature:	
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Regist Company cannot serve as its own an active Florida registration.) e Florida street address of N. DWAYNE GRAY, JR.	tercil Office, & Registered Agent's Sign Registered Agent. You must designate an individual or the registered agent are: ESQUIRE Name	ature:	
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Regist Company cannot serve as its own an active Florida registration.) e Florida street address of N. DWAYNE GRAY, JR.	tered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or the registered agent are: . ESQUIRE Name EET, SUITE 600	ature:	

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..

n. Dwge Dry. g Registered Agent's Signature (REQUIRED)

(CONTINUED)

"MGR" = Manager	
MGR	LOUIS F. GARRARD, V
	505 ARIANA AVENUE
	AUBURNDALE, FLORIDA 33823
	
	
	<u></u>
(Use attachment if necessary)	
.F. V: Other provisions, if any	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	Henry M
	Sana
REQUIRED SIGNATURE:	Ana A member
Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or a This document is executed in accordance	
Signature of a member or a This document is executed in accordance any fulse information submitted in a document.	with section 605.0203 (1) (b), Florida Statutes, I am aware

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

ARTICLE IV-