125000050519

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Gity/Gtate/Zip/: Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Harre)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2025 FEB - 7 #1/10: 59

CORPORATE ACCESS, _

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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

	PIC	CK UP: 2/6 MEGHAN	
	CERTIFIED COPY		
XX	РНОТОСОРУ		2.925
	CUS		
XX	FILING	CONVERSION	<u> </u>
1.	SH1 FAIRFOREST PR	OPCO, LLC	
2.	(CORPORATE NAME AND DO	OCUMENT #)	
3.	(CORPORATE NAME AND DO	AND STATISTICS	
4.	(CORPORATE NAME AND DO	OCCIMENT #)	
5.	(CORPORATE NAME AND DO	DCUMENT #)	
J.	(CORPORATE NAME AND DO	OCUMENT#)	
6.	(CORPORATE NAME AND DO	OCUMENT #)	
SPECIAI	LINSTRUCTIONS:		
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COVER LETTER

TO:	New Filing S Division of C						
CHE	IF.CT. SH1 FAI	RFOREST PROPCO, L	.LC				
SUB	DEC1:	(Name of Re	sulting Florida Limi	ted Con	npany)	_	
The e Busin	nclosed Article less Entity" into	s of Conversion, Artic a "Florida Limited L	eles of Organizati iability Company	on, an	d fees are submitted to coordance with s. 605.	o convert a .1045, F.S.	n "Other
Pleas	e return all corr	espondence concernin	g this matter to:				
N. DV	VAYNE GRAY, J	R. ESQUIRE					2925 F
		(Contact Person)		=			
ZIMM	ERMAN, KISER	& SUTCLIFFE, P.A.				•	
-		(Firm/Company)		•		<i>ن</i> ب	
315 E	. ROBINSON ST	REET, SUITE 600				<u>į</u> 1	:
		(Address)		•			
ORLA	NDO, FL 32801	, ,				. ,	-1
	. (0	City, State and Zip Code)		-			
CORE	PORATE@ZKSL	AW.COM					
E-r	nail Address: (to b	e used for future annual re	port notifications)	-			
		on concerning this ma	. •				
JESS		ORPORATE PARALEG	Al _{at} (407)425-7		_	
	(Name of Conta	et Person)	(Area Code)	(Day	time Telephone Number)		
		or the following amou a bank located in the		rocess	ed by this office must	be payable	in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C 2415	Address: Filing Section on of Corporations centre of Tallahassee N. Monroe Street, Suit	te 810	

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

1. The name of the "Other Business Entity" immediately prior to the filing of t	he Articles of Conversion is:
SH1 FAIRFOREST PROPCO LLC (Enter Name of Other Business Entity)	
LIMITED LIABILITY COMPANY	· · · · · · · · · · · · · · · · · · ·
2. The "Other Business Entity" is a	ip, common law or business trust, etc
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S.	entity, the name of the country)
SEPTEMBER 27, 2018	1
(date of organization, formation or incorporation)	
The name of the Florida Limited Liability Company as set forth in the attack SH1 FAIRFOREST PROPCO, 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 mor 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 requirement document's effective date on the Department of State's records.	e than 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable s	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 day of FEBRUARY	_20 <u>_25</u>		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative: Printed Name: LOUIS F. GARRARD, V	Title: MANAGER		
Signature: Signature: 2. Signature:	See below for required signature(s)		
Printed Name: LOUIS F. GARRARD, V	Fitle: MANAGER		
Signature:Printed Name:	_ Title:		
Signature:Printed Name:	_Title:	2025 F c ?	.5
Signature:Printed Name:		,	
Signature:Printed Name:))	ا الله الله
Signature:Printed Name:	Title:	~1	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:		
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

SH1 FAIRFORI	EST PROPCO, LLC		
SITT AIR OR		nited Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II The mailing ad		s of the principal office of the Limited Liability	y Company is:
Principal Offi	ce Address:	Mailing Address:	20
505 ARIANA AV	/ENUE	505 ARIANA AVENUE	25 7
	FLORIDA 33823	AUBURNDALE, FLORIDA 33823	
			'_ <u> </u>
business entity wit	h an active Florida registration.		ature:
business entity wit	h an active Florida registration. the Florida street addres	ss of the registered agent are:	another. 5
business entity wit	h an active Florida registration.	ss of the registered agent are:	another. 5
business entity wit	h an active Florida registration. the Florida street addres N. DWAYNE GRAY	ss of the registered agent are: , JR., ESQUIRE	another. 5
business entity wit	h an active Florida registration. the Florida street addres N. DWAYNE GRAY 315 E. ROBINSON	ss of the registered agent are: JR., ESQUIRE Name	another. 5
business entity wit	h an active Florida registration. the Florida street addres N. DWAYNE GRAY 315 E. ROBINSON	ss of the registered agent are: JR., ESQUIRE Name STREET, SUITE 600 ress (P.O. Box NOT acceptable)	another 5
business entity wit	h an active Florida registration. the Florida street addres N. DWAYNE GRAY 315 E. ROBINSON : Florida street addres	ss of the registered agent are: JR., ESQUIRE Name STREET, SUITE 600 ress (P.O. Box NOT acceptable) FL 32801	another.)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"MGR" = Manager	
MGR	LOUIS F. GARRARD, V
	505 ARIANA AVENUE
	AUBURNDALE, FLORIDA 33823
	
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(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am award ment to the Department of State constitutes a third degree in
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. LOUIS F. GARRARD, V	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-

Company: