12500W16691

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





600443717916

02/04/25--01007--019 **180.00



COVER LETTER

TO:	New Filing So Division of C			•			
SHRI	JECT:	LISU PROPE	RTIES, LLC				
SUDI	ECI	(Name of Res	ulting Florida Lir	nited Cor	mpany)		
		s of Conversion. Artic a "Florida Limited Li					r
Please	e return all corre	espondence concernin	g this matter to	:			
	J.	KEVIN DRAKE, ESQ.					
		(Contact Person)					
	J.	KEVIN DRAKE, P.A.		_			
		(Firm/Company)					
		1432 FIRST STREET					
		(Address)					
	S	ARASOTA, FL 34236					
	((City, State and Zip Code)					
bill.wa	ay0112@gmail.co	om					
E-r	nail Address: (to b	e used for future annual re	port notifications				
For fi	irther information	on concerning this ma	tter, please cal	:			
KEVII	N DRAKE		at (, 954-	7750 X 108		
	(Name of Conta	ct Person)	(Area Coo	le) (Da	ytime Telephone Number)	
dollar	s and drawn on	or the following amou a bank located in the	United States)		·		
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	■\$180,00 Fili and Certified C	~	☐\$185.00 Filing Fees Certified Copy, and Certificate of Status	(2)	
	Mailing Adde New Filing So Division of C P.O. Box 632 Tallahassee, 1	ection orporations 7		New Divis The C 2415	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, St hassee, FL 32303		TO

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

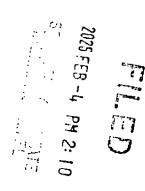
The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

LISU, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, 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)
July 31, 2002 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LISU Properties, 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.

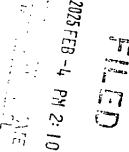
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

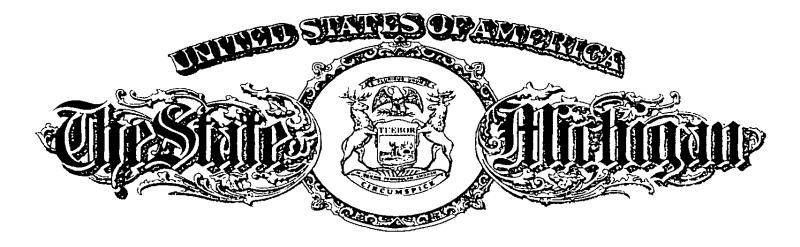
which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.



Signed this 26th day of January	_20 <u>_25</u> .
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: William G. Way, Jr.	Title: Manager
Signature(s) on behalf of Other Business Entity:	-
Signature: William G. Way, Jr.	Title: Manager
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	y Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)





Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That LISU, LLC

was validly authorized on July 31, 2002, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 25010505309

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 27th day of January, 2025.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
LISU Properties, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7713 Oakmont Place	7713 Oakmont Place
Raleigh, NC 27615	Raleigh, NC 27615
The name and the Florida street address of the re J. Kevin Drake, PA	gistered agent are:
Name	
1432 First Street	
Florida street address (P.O.	Box NOT acceptable)
Sarasota	FL 34236
City	Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
(CONTINU	2025

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager) A ((()))	
MGR	William G. Way, Jr.	
	7713 Oakmont Place	
	Raleigh, NC 27615	
AMBR	Lisa A. Way	
	7713 Oakmont Place	
	Raleigh, NC 27615	
AMBR	Susan M. Baca	
	1503 Upland Avenue	
	Boulder, CO 80304	
		· · · · · · · · · · · · · · · · · · ·
		
(Use attachment if necessary)		_ %: 20
		25
TICLE W. Orker annuicione if con-		2025 FEB
TICLE V: Other provisions, if any.		-
		[11] · ······
		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
REQUIRED SIGNATURE:		. Te

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.

Lisa A. Way

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)