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(Requestor's Name)

(Address)

(Address)

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PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TO AGENCY OF  
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16 APR -6 PM 1:33

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CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

CONCH HILL MARKET TOO, LLC

M14000007318

Nonprofit

Foreign

Limited Partnership

LLC

Certified Copy

*Conversion*

Call When Ready

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Name \_\_\_\_\_

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Examiner \_\_\_\_\_

Updater \_\_\_\_\_

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Amendment

Dissolution/Withdrawal

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Name Registration

Fictitious Name

Photocopies

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Will Wait

4/6/2016

**KM**

Merger

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**Conversion**

UCC

CUS

After 4:30

Pick Up

Order#:

**9950784**

Ref#:

Amount: \$ \_\_\_\_\_

**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 Articles of Conversion is:  
**CONCH HILL MARKET TOO, LLC** 114-7310  
(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 law or business trust, etc.)

First organized, formed or incorporated under the laws of **Delaware**  
on **October 3, 2014**  
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
**CONCH HILL MARKET TOO, LLC**  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: **Upon Filing**  
(The effective date: **1**) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2**) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

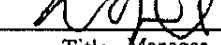
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

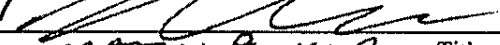
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Signed this 31 day of March 2016.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: ✓   
Printed Name: WILLIAM FULLER Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: ✓   
Printed Name: MARTIN PINILLA Title: Manager

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**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.

**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)

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FILED  
MAR 27 2016  
TALLAHASSEE  
FLORIDA  
CLERK OF CIRCUIT COURT

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CONCH HILL MARKET TOO, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1637 S.W. 8th Street  
Suite 200  
Miami, Florida 33135

**Mailing Address:**

1637 S.W. 8th Street  
Suite 200  
Miami, Florida 33135

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Martin A. Pinilla, II  
Name

1637 S.W. 8th Street, Suite 200  
Florida street address (P.O. Box **NOT** acceptable)

Miami City FL 33135 Zip

*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.*

✓   
Registered Agent's Signature (REQUIRED)

Martin A. Pinilla, II

(CONTINUED)

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APR 16 2016  
11:47 AM  
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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Martin A. Pinilla, II

1637 S.W. 8th Street, Suite 200

Miami, Florida 33135

MGR

William O. Fuller

1637 S.W. 8th Street, Suite 200

Miami, Florida 33135

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(Use attachment if necessary)


**ARTICLE V:** Effective date, if other than the date of filing: Upon Filing. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

✓ 

**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.

Martin A. Pinilla, II

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)**

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STATE OF FLORIDA  
DEPARTMENT OF STATE  
CORPORATION DIVISION