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(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	cument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



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16 JUN 16 PM 2: 03



COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	ECT: METRO PLANET MELBOURNE, LLC	
	(Name of Resulting Florida Limited Company)	
	closed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth ss Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	er
Please	return all correspondence concerning this matter to:	
Lindsa	Miller	
	(Contact Person)	
Greens	oon Marder	
	(Firm/Company)	
600 Br	ckell Ave Suite 3600	
	(Address)	
Miami,	FL 33131	
	(City, State and Zip Code)	
<u>Ce</u> E-m	ail Address: (to be used for future annual report notifications)	
For fu	ther information concerning this matter, please call:	
Lin	(Name of Contact Person) at (305) 789-2774 (Area Code) (Daytime Telephone Number)	
Enclos	ed is a check for the following amount:	
(\$25 for & \$125	.00 Filing Fees	
Regist Division Clifton 2661 E	ET ADDRESS: ation Section on of Corporations Building xecutive Center Circle assee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

INHS11 (06/15)

Articles of Conversion

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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 Bus METRO PLANET MELBOURNE I	iness Entity" immediately prior to the filing of the Articles of Conversion is:
· · · · · · · · · · · · · · · · · · ·	(Enter Name of Other Business Entity)
2. The "Other Business Entity"	Corporation .
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or inco	rporated under the laws of Florida
08/14/2007	(Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation)	
3. The name of the Florida Lin	nited Liability Company as set forth in the attached Articles of Organization: LC
(Enter N	ame of Florida Limited Liability Company)
(The effective date: 1) canno date this document is filed by date listed in the attached Ar	f filing, enter the effective date: be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective cicles of Organization, if an effective date is listed therein.) k does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
5. The plan of conversion has b	een approved in accordance with all applicable statutes.

Page 1 of 2

	Signed this 15th day of June	20_16
	Signature of Authorized Representative of Limi	•
ρ	Signature of Authorized Representative: Printed Name: OREN WINER	Title: AMBR
	Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
ρ	Signature:	Title: VP
	Printed Name:	Title:
	Signature:Printed Name:	Title:
	Signature:Printed Name:	Títle:
	Signature:Printed Name:	
	Signature:Printed Name:	Title:
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
	If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
	If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty 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)

6 JUN 16 PH 2: 03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
• • •	
METRO PLANET MELBOURNE, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1150 SE MALABAR ROAD	5973 S.UNIVERSITY DR
Suite 107	DAVIE, FL 33328
PALM BAY, FL 32909	<u> </u>
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re OREN WINER	
Name	
5973 S.UNIVERSITY DR	Day NOT
Florida street address (P.O.	Box NOT acceptable)
Davie	FI, 33328
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
and a sugar	

Page 1 of 2

(CONTINUED)

	<u>Title:</u>	Name and Address:		
	"AMBR" = Authorized Member			
	"MGR" = Manager	ZOUAD DOSCIAN		
	AMBR	ZOHAR ROSSIAN 3040 N.E. 208 ST.		
		AVENTURA, FL 33180		
		AADIAI OKA, LE 33100		tāi
	AMBR	OREN WINER	5	
		13915 N.W. 22CT		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		PEMBROKE PINES, FL 33028		ege
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	(Use attachment if necessary)			
	(Use attachment if necessary)			
AR T	•	e date of filing: 6/11/2016 . (C	OPTIONAL)	
ART If or	ICLE V: Effective date, if other than the	e date of filing: 6/11/2016 . (C	OPTIONAL)	s nrioi
If ar	CLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: 6/11/2016 . (C be specific and cannot be more than five b	OPTIONAL) ousiness days	s prioi
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(If an to or <u>Note:</u> docum	CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a	the applicable statutory filing requirements, this date s records.	will not be listed	

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

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee Filing Fees

Page 2 of 2

OREN WINER