L1700247360

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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Filing Cover Sheet

To: Florida Division of Corporations

From: Kim Tadlock C/O Capitol Services, Inc.

Date: 12/1/2017

Trans#: 945752

Entity Name:

Articles Incorporation () Articles of Dissolution () Annual Report () Conversion (XX) 7 Foreign Qualification () Limited Partnership () Reinstatement () Other ()

STATE FEES PREPAID WITH CHECK#1116 FOR \$180.00

PLEASE RETURN:

Certified Copy (XX) Plain Photocopy ()

Good Standing () Certificate of Fact ()

Phone: 855-498-5500

Articles of Conversion For "Other Business Entity"

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.

PIM NINE CORPORATION
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
MARCH 4 2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PIM NINE 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.)
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.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to



Signed this 1974 day of NOVEMBER	20 <u>17</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	— —
Signature of Authorized Representative:	The Indicator
Printed Name: THEODORE STOHNER	Title: DIRECTOR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: THEODORE STOHNER	Title: MANAGER
Transc Name.	
Signature:	
Printed Name:	Title:
Signature:Printed Name:	m(.)
Printed Name:	
Signatura:	
Signature:Printed Name:	Title:
Timod Ivano.	
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabil	ity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
biguature of the dumonical 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PIM NINE LLC	
(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12550 BISCAYNE BLVD.	12550 BISCAYNE BLVD.
#110	#110
NORTH MIAMI, FL 33181	NORTH MIAMI, FL. 33181
The name and the Florida street address of t	he registered agent are:
ANTONIO REGOJO	
ANTONIO REGOJO N	ame
N	
N 12550 BISCAYNE BL.VD.,	
N 12550 BISCAYNE BL.VD.,	#110
N 12550 BISCAYNE BLVD., Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MANAGER	THEOLOGIE STOHNER
	12550 BISCAYNE BLVD., #110
	NORTH MIAMI, FL. 33181
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CDD 7. Outor provisions, it way.	
<u> </u>	
DECHIDED SIGNATURE.	.A
REQUIRED SIGNATURE:	#
Signature of a member or	an authorized representative of a member
This document is executed in accordance any false information submitted in a docu	e with section 605.0203 (1) (b), Florida Statutes. I am awure tha unent to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	
THEODORE STOHNER, MEMBER	
<u></u>	yped or printed name of signee
- 3	

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

ARTICLE IV-