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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Consideration to Filipp Officer |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
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T SCHROEDER

COVER LETTER

| TO: | New Filing So Division of C | | | | |
|---|---|---|---|--------|--|
| CHD | MIDTON | /N PROJECT, LLC | | | |
| SUB | JECI: | (Name of Res | ulting Florida Limite | d Con | ipany) |
| | | | | | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Pleas | se return all corre | espondence concerning | g this matter to: | | |
| BRU | NA ROZENBERG | ; | | | |
| | | (Contact Person) | | | |
| SAIN | T JOSEPH GROU | JP | | | |
| | | (Firm/Company) | | | |
| 150 \$ | SE 2ND AVENUE | SUITE 905 | | | |
| | | (Address) | | | |
| MIAN | MI, FLORIDA, 331 | 31 | | | |
| | | City, State and Zip Code) | | | |
| | agement@saintjos | | | | |
| E | -mail Address: (to b | e used for future annual re | port notifications) | | |
| For f | urther informati | on concerning this ma | tter, please call: | | |
| BRUNA ROZENBERG | | _at (305 | 503-9 | 9867 | |
| | (Name of Conta | ect Person) | | (Day | rtime Telephone Number) |
| | | or the following amou a bank located in the | • | rocess | sed by this office must be payable in US |
| (\$25 : & \$12 | 50.00 Filing Fees for Conversion 25 for Articles ganization) | ■\$155.00 Filing Fees and Certificate of Status | S180.00 Filing land Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STR | EET ADDRES | S: | MAILI | NG A | ADDRESS: |
| New Filing Section | | | New Filing Section | | |
| Division of Corporations | | | Division of Corporations P. O. Box 6327 | | |
| Clifton Building 2661 Executive Center Circle | | | Taliahassee, FL 32314 | | |

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

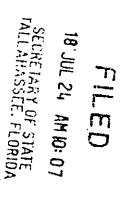
Florida Limited Liability Company

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: MIDTOWN PROJECT, CORP |
|---|
| (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.) |
| First organized, formed or incorporated under the laws of |
| on 05/15/2007 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| MIDTOWN PROJECT, 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

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.



| Signed this 14 day of JUN | ₹E20 <u>18</u> | | | |
|---|--|--|--|--|
| Signature of Authorized Repre | sentative of Limited Liability Company: | | | |
| Signature of Authorized Represe Printed Name: JUAN D 'ONOFRIO | ntative: Title: MANAGER | | | |
| | Business Entity: [See below for required signature(s)] | | | |
| Signature: | | | | |
| Printed Name: JUAN DONG | FRIQ Title: MANAGER | | | |
| Signature: | Title: | | | |
| | | | | |
| Signature:Printed Name: | Title: | | | |
| Signature: | 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 of Signature of one General Partner. | or Limited Liability Partnership: | | | |
| If Florida Limited Partnership of Signatures of ALL General Partnership | or Limited Liability Limited Partnership: | | | |
| All others: Signature of an authorized person. | | | | |
| Fees: | } | | | |

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

| RTICLES OF ORGANIZATION FOR | R FLORIDA LIMITED | LIABILITY COMPANY | | |
|---|---|--|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company | y is: | | | |
| MISTOWN PROJECT, LLC | | | | |
| (Must contain the words "Limited Li | ability Company, "L.L.C.," or "LI | _C.") | | |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the L | imited Liability Company is: | | |
| Principal Office Address: | Mailing Address: | | | |
| 1414 COLLINS AVE | 1414 COLLINS AVE | | | |
| MIAMI BEACH, FL 33139 | MIAMI BEACH, FL 331 | 39 | | |
| The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of | | | | |
| JUAN D'ONOFRIO | · · · · · · · · · · · · · · · · · · · | | | |
| 7 | lame | | | |
| 1414 COLLINS AVE Florida street address (| P.O. Box NOT acceptabl | <u>e)</u> | | |
| MIAMI BEACH | FL 33139 | | | |
| City | Zip | | | |
| Having been named as registered agent a liability company at the place designate registered agent and agree to act in this constitutes relating to the proper and compacted accept the obligations of my position at Registered Agent's | ed in this certificate, I here apacity. I further agree to lete performance of my dut | by accept the appointment as comply with the provisions of all ies, and I am familiar with and | | |
| (CON | TINUED) | FILED 18 JUL 24 AM 10: 07 SECRETARY OF STATE ALLAHASSEE, FLORIDA | | |

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|---|---|----|----------|---------------|-----|
| А | к | | u | I. ₽ . | 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 "MGR" | JUAN D'ONOFRIO 1414 COLLINS AVE MIAMI BEACH, FL 33139 | - - | |
| | | | |
| - <u></u> - | | _ _ _ | |
| | Z SEC | - 18 81 | |
| (Use attachment if necessary) | ASSEE, FL | 24 AM | FILED |
| ARTICLE V: Other provisions, if any. | ORIDA | AM 10: 07 | _ |
| | | | - |
| REQUIRED SIGNATURE: | | | |
| This document is executed in accordance. | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware nent to the Department of State constitutes a third degree f | that clony | |
| JUAN D'ONOFRIO | | _ | |
| Туј | ped 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)