L2000069475

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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W20-19423

COVER LETTER

TO: New Filing Section Division of Corporations		
·	ekvii C	
SUBJECT: PLH VINEYARD (N:	ime of Resulting Florida Limite	rd Company)
		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence co	oncerning this matter to:	
Thomas Melone		
(Contact Pers	ion)	
PLH Vineyard Sky LLC (Firm/Compa	ny)	
601 S Ocean Blvd (Address		
(Address)	ı	
Delray Beach, FL 33483		
(City, State and Z	ip Code)	
mjmelone@allcous.com E-mail Address: (to be used for future	annual report notifications)	
For further information concerning	this matter, please call:	
Michael Melone		at (212) 681-6974
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow dollars and drawn on a bank locate		rocessed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		
Mailing Address:	-	Street Address:
New Filing Section Division of Corporations		New Filing Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

INHS11 (7/17)

Tallahassee, FL 32314

3/3/20

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

(Enter Name of Other Business Entity)	_
2. The "Other Business Entity" is a <u>Limited Liability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, con	nmon law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>Indiana</u>	·····,
(Enter state, or if a non-U.S. entity	, the name of the country)
on <u>06/26/2012</u>	
. (date of organization, formation or incorporation) The name of the Florida Limited Liability Company as set forth in the attached A PLH_VINEYARD SKY LLC	Articles of Organization:
. (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 that 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 document's effective date on the Department of State's records.	•
5. The plan of conversion has been approved in accordance with all applicable statute	es.
 The "Converted or Other Business Entity" has agreed to pay any members having app which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	oraisal rights the amount to
	20 MA FALLAI

Signed this 28th day of February	2020,
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Thomas Melone	Title: President
Signature(s) on behalf of Other Business Entity: [•
Signature:Printed Name: Thomas Melone	Title: President
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)

26 MAR -3 ATH 11: 21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PLH VINEYARD	SKY LLC		
(Mus	t contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ado	lress:		
The mailing address	and street address of the pri	ncipal office of the Limited L	iability Company is
Principal Office Ac	ddress:	Mailing Address:	
		601 S Ocean Blvd	
601 S Ocean Blvd		OUT 3 OCEAN BIVO	
Defray Beach, FL 3348 ARTICLE III - Re	gistered Agent, Registered	Delray Beach, FL 33483 Office, & Registered Agent red Agent. You must designate an indi-	
ARTICLE III - Re (The Limited Liability Cor- business entity with an ac	gistered Agent, Registered	Delray Beach, FL 33483 Office, & Registered Agent red Agent. You must designate an indirect Agent.	vidual or another
ARTICLE III - Re (The Limited Limbility Cor- business entity with an ac-	gistered Agent, Registered mpany cannot serve as its own Registertive Florida registration.)	Delray Beach, FL 33483 Office, & Registered Agent red Agent. You must designate an indirect Agent.	vidual or another
ARTICLE III - Re (The Limited Limbility Cor- business entity with an ac-	gistered Agent, Registered inpany cannot serve as its own Registe ctive Florida registration.) Iorida street address of the re	Delray Beach, FL 33483 Office, & Registered Agent red Agent. You must designate an indirect Agent.	vidual or another
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ARTICLE III - Re (The Limited Limbility Cor- business entity with an ac-	gistered Agent, Registered mpany cannot serve as its own Registe rtive Florida registration.) lorida street address of the re Thomas Melone Name 601 S Ocean Blvd	Delray Beach, FL 33483 Office, & Registered Agent red Agent. You must designate an indigestered agent are:	

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)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
President Imax	
	601_S_Ocean_Blvd
	Detray Beach, FL 33483
Vice President / MaR	Christopher Little
	222 South 9th Street, #1600
	Minneapolis, MN 55402
Vice President / MCR	Ti-seeky Mayor
Vice President [MCK	Timothy Young
	222 South 9th Street, #1600
	Minneapolis, MN 55402
	به مسر ر حوت
(Use attachment if necessary)	AHASSE
	(%)
	·
LE V: Other provisions, if any.	·
	``
REQUIRED SIGNATURE:	
RECORD SIGNATURE.	hun
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 awa ment to the Department of State constitutes a third degree
as provided for in s.817.155, F.S.	ment to the Department of State constitutes a tiffe degree
Thomas Melone	
<u>Thomas Melone</u> Tv	ped or printed name of signee