P16000075353

(Requestor's Name)			
(Address)			
(
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

10:	Division of Cor				•	
CLIDI			Γ, LLC			
20B1	SUBJECT: Name of Resulting Florida Profit Corporation					
		e of Conversion, Articles Profit Corporation" in ac			tes are submitted to convert an 15, F.S.	"Other Business
Please	e return all corresp	ondence concerning this	s matter to:			
SAMU	JE L J. CANTOR					
		Contact Person				
SAMU	UEL J. CANTOR, P	.A.				
	1111	Firm/Company				
426 S.	. MILITARY TRAI	L				
	, , , , , , , , , , , , , , , , , , ,	Address		_		
DEER	RFIEDL BEACH, F	L 33442				
		City, State and Zip Code	2			
	Y@SAMCANPA.0					
	E-mail address: (t	o be used for future annu	al report notific	ation)		
For fi	urther information	concerning this matter,	please call:			
			954 _at (363-70	078	
	Name of Co	ontact Person	Area	Code and	l Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
= \$1	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified C		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Divis	EET ADDRESS: Filings Section ion of Corporation on Building Executive Center			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assec, FL 32314	

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

2016 SEP -6 AM 11: 32

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

1501 NORTHPOINT MANAGEMENT, LLC

Enter Name of Other Business Entity

Enter Name of Other Business' Entity
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
08/16/2016 on
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
·
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

1501 NORTHPOINT MANAGEMENT, INC.

5. If not effective on the date of filing, enter the effective date:

(The effective date: 1) cannot be prior to 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 Incorporation, if an effective date is listed therein.)

Enter Name of Florida Profit Corporation

<u>Note:</u> 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.

Signed thi	sday of SEPTEMBER	,20 ^{[6}	2016 SEP -6 AM 11: 32			
Required	Monature for Florida Profit Corporation:		St. 108) OF STATE JALLAHASSEE, FLORIDA			
Signature Incorpora	of Chairman, The Chairman, Director, Office	r, or, if Directors or Officers have not bec	in Pelected, an			
Printed N	ame: ROBERT BLATT Title: SECRET	ARY/DIRECTOR				
Required	Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]					
Signature	: Suchiber	MANAGER OF STALHWORTH MAN	LAPLEDER ILA TUE			
Printed N	SIME: BRUCE L. SCHREIBER	Title: MANAGER OF 1501 NORTHPOINT	MANAGEMENT, LLC			
Signature		PRESIDENT OF DAISY B. REALTY,	INC. THE MANAGER			
Primed N	Isme:	Title: OF 1501 NORTHPOINT MANAGEM	ENT, LLC			
Signature	9:		•			
'Printed N	Name:	_ Title:	, -			
Signature	0:		_			
Printed !	Yame:	Title:				
Signatur	•					
Printed 3	Name:	Title:	_			
Signatur	* :		_			
Printed 1	Name:	Title:	_			
If Florida General Pertnership or Limited Liability Pertnership: Signature of one General Partner.						
If Florida Limited Partnership or Limited Limited Partnership: Signapures of ALL General Partners.						
	de Limited Liebility Company: re of a Member or Authorized Representative.					
All oth Signatu	RIBI Ire of an authorized porson.	,	·			
Forsi	Certificate of Conversion: Fees for Plorida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)				

Page 2 of 1

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME	TILEU
The name of the corporation shall be:	INT MANAGEMENT, INC 2016 SFP -6 AM 11: 3
ARTICLE II PRINCIPAL OFFICE	\$5.5.000
The principal place of business/mailing address is:	TALLAHASSEE, FLORID
Principal street address	Mailing address, if different is:
6761 W. INDIANTOWN ROAD, SUITE 29	
JUPITER, FL 33458	
ARTICLE III PURPOSE The purpose for which the corporation is organized is	
FILED AS LIMITED LIABILITY COMPANY BUT NO	W REQUIRE INCORPORATON.
	,
ARTICLE IV SHARES 100 SHARE \$1.00 DA	·
The number of shares of stock is: 100 SHARE \$1.00 PA	AR VALUE
	
ARTICLE V INITIAL OFFICERS AND/OR	<u>DIRECTORS</u>
Name and Title: BRUCE L. SCHREIBER, P/D	ROBERT BLATT, S/D Name and Title:
Address: 426 S. MILITARY TRAIL	Address: 6761 W. INDIANTOWN ROAD, STE 29
DEERFIELD BEACH, FL 33442	JUPITER FL, 33458
Name and Title:	Name and Title:
ridino dila Tito.	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

The <u>name</u>	e and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:		
Name:	SAMUEL J. CANTOR	FILED 2016 SEP -6 AM 11: 32		
Address:	426 S. MILITARY TRAIL			
	DEERFIELD BEACH, FL 33442	TALLAHASSEE, FLORIDA		
ARTICL	E VII INCORPORATOR	47		
The name	e and address of the Incorporator is:			
Name:	SAMUEL J. CANTOR			
Address:	426 S. MILITARY TRAIL			
	DEERFIELD BEACH, FL 33442			
	een named as registered agent to accept service of proficate, I am familiar with and accept the appointment of	**************************************		
,	Mary Mart	09/02/2016		
/	Required Signature/Registered Agent	Date		
	this document and affirm that the facts stated herein t to the Department of State constitutes a third degree	are true. I am aware that any false information submitted in felony as provided for in s.817.155, F.S.		
M	mull tulo	09/02/2016		
7	Required Signature/Incorporator	Date		