## U700237086

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only

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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/16/17

NAME:

MIAMI SOUTHERN HOTELS, INC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

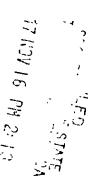
ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE (

## 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  MIAMI SOUTHERN HOTELS, INC.  77-15022.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Einer entity type: Example: corporation, finance partnership, general partnership, common law or offsiness thist, etc.)
First organized, formed or incorporated under the laws of [Florida]  (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
February 17, 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MIAMI SOUTHERN HOTELS 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	day of November	20 <u>17</u>
Signature of Au	thorized Representative of Limi	ted Liability Company:
El E 4	horized Representative:	Word R.
Signature of Aut	horized Representative:	Markettine Variable
Printed Name: Ma	irta Bueno	Hille: Manager
	i ·	[See below for required signature(s)]
Signature;		
Printed Name: AN	IANCIO LÓPEZ SEIJAS	Title: President
Drintad Nome:		Tislo
rimed Name.		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
<u> If Florida Corpo</u>	vation	
	rman, Vice Chairman, Director, or	Officer
If Directors or Of	ficers have not been selected, an In	cornorator must sign
		oorporator mast signi
	<u>al Partnership or Limited Liabili</u>	ty Partnership;
Signature of one (	General Partner,	
If Florida Limite	d Partnership or Limited Liabili	ty Limitad Baytangehia.
	L General Partners.	ty familied partnership:
orginatures of ALD	<u>D</u> General Factoris.	
All others:		
Signature of an au	ithorized person.	
Fees:		
Auticles o	of Conversion:	\$25.00
	Florida Articles of Organization:	\$25.00 \$125.00
Certified		\$30.00 (Optional)
	c of Status:	\$5.00 (Optional)
		/ - f

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ARTICLE 1 - Na The name of the L	me: .imited Liability Company	is:
	, , ,	
MIAMI SOUTHERN	HOTELS LLC	
(M	ust contain the words "Limited Lia	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addre		principal office of the Limited Liability Company
Principal Office	Address:	Mailing Address:
121 S.E. First Street		121 S.E. First Street
ARTICLE III - R	tegistered Agent, Registe	Miami, FL 33131 red Office, & Registered Agent's Signature:
ARTICLE III - F (The Limited Liability C business entity with an	company connot serve as its own R active Florida registration.) Plorida street address of tl	red Office, & Registered Agent's Signature: gistered Agent. You must designate un individual or another
ARTICLE III - F (The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.)  1 Plorida street address of the NRAI SERVICES, INC.	red Office, & Registered Agent's Signature: gistered Agent. You must designate un individual or another e registered agent are:
ARTICLE III - F (The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.)  1 Plorida street address of the NRAI SERVICES, INC.	red Office, & Registered Agent's Signature: gistered Agent. You must designate un individual or another
ARTICLE III - F (The Limited Liability C business entity with an	company cannot serve as its own R active Florida registration.)  1 lorida street address of the NRAI SERVICES, INC.  No.  1200 South Pine Island Road	red Office, & Registered Agent's Signature: gistered Agent. You must designate un individual or another e registered agent are:
ARTICLE III - F (The Limited Liability C business entity with an	company cannot serve as its own R active Florida registration.)  1 lorida street address of the NRAI SERVICES, INC.  No.  1200 South Pine Island Road	red Office, & Registered Agent's Signature: gistered Agent. You must designate un individual or another c registered agent are:
ARTICLE III - F (The Limited Liability C business entity with an	company cannot serve as its own R active Florida registration.)  1 Plorida street address of the NRAL SERVICES, INC.  Note: 1200 South Pine Island Road Florida street address (Experience)	red Office, & Registered Agent's Signature: gistered Agent. You must designate un individual or another o registered agent are: me  O. Box NOT acceptable)

ed 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)

AR	LI	CI	كاب	11	/-
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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	Maria Dunna
MGR	Marta Bueno
	121 S.E. First Street
	Miami, FL 33131
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Other provisions, if any.	
	Madaka
REQUIRED SIGNATURE:	Madalo
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony
Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	te with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony
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