

L20000130614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

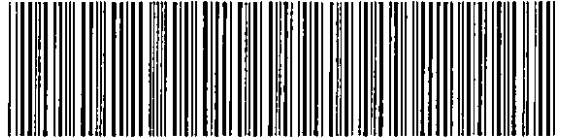
(Document Number)

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2020 MAY 13 PM 2:30

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2020 MAY 13 AM 10:37

SECRETARY OF STATE

MAY 19 2020

Thumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 287246 7289394

AUTHORIZATION :

[Signature]

COST LIMIT : \$180.00

ORDER DATE : May 12, 2020

ORDER TIME : 3:38 PM

ORDER NO. : 287246-005

CUSTOMER NO: 7289394

DOMESTIC AMENDMENT FILING

NAME: SDS REAL PROPERTY HOLDINGS,
LLLP

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT/CONVERSION
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS: _____

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:
SDS REAL PROPERTY HOLDINGS, LLLP

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY LIMITED PARTNERSHIP
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, 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)

on MAY 1, 2002
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
SDS REAL PROPERTY HOLDINGS, 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.

FILED
2020 MAR 13 AM 10:37
TALLAHASSEE, FLORIDA

Signed this 12TH day of MAY 2020.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Starr Porter
Printed Name: STARR PORTER Title: AUTHORIZED REP

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Starr Porter
Printed Name: STARR PORTER Title: MANAGER, ON BEHALF OF GP
PORTER-LEEMAN REAL ESTATE II, LLC

Signature: Starr Porter
Printed Name: STARR PORTER Title: MANAGER, ON BEHALF OF GP
SP REAL PROPERTY HOLDINGS II LLC

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ 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 or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SDS REAL PROPERTY HOLDINGS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

201 ALHAMBRA CIRCLE, SUITE 1205

C/O LEE J. OSIASON, P.A.

CORAL GABLES, FLORIDA 33134

Mailing Address:

201 ALHAMBRA CIRCLE, SUITE 1205

C/O LEE J. OSIASON, P.A.

CORAL GABLES, FLORIDA 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LEE J. OSIASON, P.A.

Name

201 ALHAMBRA CIRCLE, SUITE 1205

Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES

FL 33134

City

Zip

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:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

Name and Address:

STARR PORTER

3109 GRAND AVENUE, #567

COCONUT GROVE, FLORIDA 33133

MANAGER

CARLOS E. IMERY

201 ALHAMBRA CIRCLE, SUITE 1205

CORAL GABLES, FLORIDA 33134

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Starr Porter

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 aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

STARR PORTER

Typed 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)