# A1900000213

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
,
Certified Copies Certificates of Status
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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:

5/23/19

NAME:

ROSEBUD MEZZ 2, LTD

TYPE OF FILING: CONVERSION

COST: 1,052.50 - CHECK IS ATTACHED

RETURN: PLAIN COPY PLEASE

#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Rosebud Mez-	
Name of Resulting Florida Limited	Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Conversion, Cersubmitted to convert an "Other Organization Limited Liability Limited Partnership in acc	" into a Florida Limited Partnership or
Please return all correspondence concerning	this matter to:
Lori Lucas Contact Person	
Contact Person	
c/o Menin Development, I	Inc/Rosebud Mezz 2
101 SE 4th Ave.  Address	
Address	
Delray Back, FL 334 City, State and Zip Code	183
City, State and Zip Code	
11,,,,,,,	
E-mail address: (to be used for future annual rep	ort notification
2-man address. (to be used for future annual rep	ort notification)
For further information concerning this matt	er, please call:
LoriLucas	at (561) 282-5757>
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	it:
☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees	□ \$1,105.00 Filing Fees □ \$1,113.75 Filing Fees
(\$52.50 for Conversion and Certificate of and \$1,000 - Certificate) Status	and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

#### Certificate of Conversion

For

#### "Other Business Organization"

Into

## Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following "Other Business Entity" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s.620.2104, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Rosebud Mezz 2, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited liability company, sole proprietorship, 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).  April 24, 2019
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached Certificate of Limited Partnership:
Rosebud Mezz 2, Ltd.
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)
4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.
5. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction

under which it is currently organized, formed or incorporated.

Signed this 22"day of May	. 20 <u>19</u> .
Signature of Each General Partner Listed in Attached	d Certificate of Limited
Partnership/Limited Liability Limited Partnership: 1	
that the facts stated in this document are true. Any false i	information constitutes a third
degree felony as provided for in s.817.155, F.S.	
0.011	
SABLW CORP.	
Signature:	D:-
Printed Name: Craig I. Menin / Littl	e: President
Signature:	
Signature: Titl	e:
Signature:Titl	
Printed Name: Titl	e:
Signature: Title	
riffied Name:iff	e:
Signature:	
Signature:Title	e:
that the facts stated in this document are true. Any false degree felony as provided for infs. \$17.155, F.S. [See below the following for the facts of the facts	ow for required signature(s).]
Printed Name: Craig I. Momin Title	e Authorized Representative
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Office of Directors or Officers have not been selected, an Incorpora	r.
If Florida General Partnership or Limited Liability Par Signature of one General Partner.	tnership:
Signature of one General Partner.	
f Florida Limited Liability Company:	
Signature of a Member or Authorized Representative.	3
·	
All others:	بّ م
Signature of an authorized person.	
Tage:	, , , , , , , , , , , , , , , , , , , ,
<u>Sees:</u> Certificate of Conversion:	£ 52.50
	\$ 52.50
Fees for Florida Certificate of Limited Partnership:	\$1,000.00
(\$965 Filing Fee and \$35 Filing Fee)	£ 52.50 (O-4) - 15
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which mediceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Leadership Limited Liability Limited Partnership suffixes: Limited Liability Limited In LLLP.	td.
2. 101 SE 4th Avenue	
Street address of initial designated office	<del> </del>
Delray Beach, FL 33483	
3. CM RAC, Inc.	
Name of Registered Agent for Service of Process	
4. 101 SE 4th Avenue	
Florida street address for Registered Agent	
Delray Beach, FL 33483	
5. I hereby accept the appointment as registered agent and agree to act in this capac	
comply with the provisions of all statutes relative to the proper and complete performand I am familiar with an accept the obligations of my position as registered agent.	nce of my aunes,
somply with the provisions of all statutes relative to the proper and complete performand I am familiar with an accept the obligations of my position as registered agent.  Signature of Registered Agent	nce of my duties,
somply with the provisions of all statutes relative to the proper and complete performand I am familiar with an accept the obligations of my position as registered agent.  Signature of Registered Agent  Signature of Registered Agent	nce of my duties,
comply with the provisions of all statutes relative to the proper and complete performand I am familiar with an accept the obligations of my position as registered agent.	nce of my duties,

Name:	Business Addres	<u>is:</u>		
SASLW Corp.	101 SE 4th Avenue	101 SE 4th Avenue		
	Delray Beach, FL 3	3483	.= -	
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		<del></del> ·		
a a d		2010		
Signed this	May	2019	<u>_</u> .	
Signature of each general partner: Individ	dual(s) signing affirm	(s) that the facts sta	ated in >=	
this document are true. Any false information provided for in s.817.155, F.S.	1 /////	rd degree felony as	1.46	
	By: Craig I. Medin. Presid	defit	**	
			<del></del>	
	<del></del> .	·		