L05000110327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300061029303

11/15/05--01038--002 **25.00

11/15/05--01038--003 **125.00

11/15/05--01038--004 **30.00

11/15/05--01038--005 **10.00

FILED
05 NOV 14 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

November 14, 2005

FILED
05 NOV 14 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Attn: Buck

Re: Order #: 6499522 SO
Customer Reference 1:
Customer Reference 2:

please file 2nd

Dear Department of State, Florida:

Thanks!

Please file the attached:

Concorde Centre II Associates (FL)
Conversion
Florida

Concorde Centre II Associates, LLC (FL)
Formation
Florida

Concorde Centre II Associates (FL)
(1) Obtain Document - Misc - Certified Copy of Partnership Registration, Conversion & Articles of Organization (all 3 documents presented with this order)
Florida

(2) Concorde Centre II Associates, LLC (FL)
Certificate of Status-Domestic
Florida

1203 Governors Square Blvd.
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7515

CT CORPORATION

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
Jennifer.Murphy@wolterskluwer.com

1203 Governors Square Blvd.
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7515

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TALLAHASSEE, FLORIDA

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the ***attached articles of organization*** and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:

Concorde Centre II Associates

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

A. Date: March 10, 1987

B. Jurisdiction: Miami-Dade County, Florida

C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: _____

THIRD: The name of the limited liability company as set forth in the ***attached*** articles of organization is:

Concorde Centre II Associates, LLC

Signature of a Member or an Authorized Representative of a Member
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SANFORD N. REINHARD
Typed or Printed Name of Signee

FILING FEES:

$100.00 Filing Fee for Articles of Organization
$ 25.00 Filing Fee for Registered Agent Designation
$ 25.00 Filing Fee for Certificate of Conversion
$ 30.00 Certified Copy (optional)
$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

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05 NOV 14 AM 11:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Concorde Centre II Associates, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
Woods Management LLC 98 Cuttermill Road Great Neck, NY 11021 Attn: Richard Goldberg.	(Same)

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:

Sanford N. Reinhard
Name

2875 N.E. 191st Street, Suite 404
Florida street address (P.O. Box NOT acceptable)

Aventura FL 33180
City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Concorde Equities Corp. c/o Woods Management LLC 98 Cuttermill Road Great Neck, NY 11021 Attn: Richard Goldberg

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SANFORD N. REINHARD
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)