

L110000019192

(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



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06/10/14--01001--016 **25.00

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14 JUN -9 12:34 PM

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211 N. W. 1ST ST. FLORENCE, FL 32433

JUN 11 2014

T. HAMPTON

CORPDIRECT*AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32309
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 06/09/2014

REF. #: 9171068

CORP. NAME: HOTELS MANAGEMENT LLC

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input checked="" type="checkbox"/> CERTIFICATE OF CONVERSION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70021540 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hotels Management LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Steven W. Zelkowitz

Contact Person

GrayRobinson, P.A.

Firm/Company

1221 Brickell Avenue, Suite 1600

Address

Miami, FL 33131

City, State and Zip Code

steven.zelkowitz@gray-robinson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

steven.zelkowitz@gray-robinson.com at (305) 416-6880

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee
and Certificate of
Status

☐ \$55.00 Filing Fee
and Certified Copy

☐ \$60.00 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E106 (02/14)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2014

CORPDIRECT AGENTS INC
RICKY SOTO

SUBJECT: HOTELS MANAGEMENT LLC
Ref. Number: L11000019192

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
6/9/14

We have received your document for HOTELS MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the Florida limited liability company was converted into another business entity in compliance with Chapter 608, F.S., and said conversion complies with the statute or applicable law governing the other business entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 714A00012446

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
6/9/14

Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company** into an **"Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Hotels Management LLC

Enter Name of Florida Limited Liability Company

L1100000-19192

2. The name of the "Converted or Other Business Entity" is:

Hotels Management LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,
general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware

(Enter state, or if a non-U.S. entity, the name of the country)

on February 14, 2011

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: June 09, 2014
(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 of the conversion under the laws governing the "Other Business Entity.")

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":


a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 4835 Collins Avenue, Suite 801
Miami Beach, FL 33140

Mailing Address: 4835 Collins Avenue, Suite 801
Miami Beach, FL 33140

7. 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 6th day of June, 2014

Signature: 
Must be signed by a Member or Authorized Representative

Printed Name: Steven W. Zelkowitz Title: Authorized Representative

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

FILED
2014 JUN -9 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FL 32304