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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

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B. BOSTICK
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CORPDIRECT ÅGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	rmerly CCRS)		
FILING COVER ACCT. #FCA-23	SHEET			
CONTACT:	RICKY SO	<u>TO</u>		
DATE:	06/09/2014			
REF. #:	<u>9171089</u>			
CORP. NAME:	<u>ВН НОТЕІ</u>	LS MANAGEMENT LLC		
( ) ARTICLES OF INCO	ORPORATION	( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK		
( ) FOREIGN QUALIFI	CATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIAE	BILITY
( ) REINSTATEMENT	CONVERCION	( ) MERGER	( ) WITHDRAWA	L
(XX) CERTIFICATE OF  ( ) OTHER:	CONVERSION			7-7 1
		ITH CHECK# <u>70021541</u> FOR		
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBIT	ED:	
		COST L	IMIT: \$	
PLEASE RETUI	RN:			
		CERTIFICATE OF GOOD STANDING	(XX) PLAIN STA	MPED COPY
( ) CERTIFICATE O	F STATUS			

Examiner's Initials

### **COVER LETTER**

SUBJECT: BH 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 W. Zelkowitz  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S15.00 Filing Fee} & \text{S60.00 Filing Fee} & \text{Area Codpy, and Certificate of Status}  \end{array}  MAILING ADDRESS:  Registration Section	TO: Registration Significant Division of Control				
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 W. Zelkowitz  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} & \Begin{array} \text{S30.00 Filing Fee} & \Begin{array} \text{S40.00 Filing Fee} & \Begin{array} \text{S60.00 Filing Fee} & \Begin{array} S60.00 Filing Fee	SUBJECT: BH Hot	els Management LL	С		
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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 W. Zelkowitz  Name of Contact Person  Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Limited Liability Co				
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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 W. Zelkowitz  at (305	GrayRobinson, P.	A.			r en
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 W. Zelkowitz  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Bigsup_{\text{\$\frac{305}{\text{ Area Code and Daytime Telephone Number}}}} \Bigsup_{\text{\$\frac{305}{\text{ Area Code and Certified Copy}}}} \Bigsup_{\text{\$\text{\$\text{\$\frac{200}{\text{ Certified Copy, and Certificate of Status}}}} \Bigsup_{\text{\$\text{\$\text{\$\text{ ADDRESS:}}}}} \Bigsup_{\text{\$\text{\$\text{Registration Section}}}} \Bigsup_{\$\text{	-	Firm/Company		•	
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 W. Zelkowitz  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee	1221 Brickell Aver	nue, Suite 1600			
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 W. Zelkowitz  Name of Contact Person  at (305) 416-6880  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee		Address		•	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Steven W. Zelkowitz  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee	Miami, FL 33131				
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Steven W. Zelkowitz  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$\sum_{\text{\$\subset}} \sum_{\text{\$\subset}} \sum	E-mail address. (to	be used for future annual	report notification)		
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Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{align*} & \$25.00 \text{ Filing Fee} & \$30.00 \text{ Filing Fee} \ and \text{ Certified Copy} & \text{ Certified Copy, and Certificate of Status} \end{align*}  STREET ADDRESS:  Registration Section  Area Code and Daytime Telephone Number  \$ \$60.00 \text{ Filing Fee, and Certified Copy} & \text{ Certified Copy, and Certificate of Status} \end{align*}  STREET ADDRESS:  Registration Section	Steven W. Zelkow	ritz	at ( 305	416	-6880
■ \$25.00 Filing Fee and Certificate of Status  STREET ADDRESS: Registration Section  S30.00 Filing Fee and Certified Copy Certificate of Status  STREET ADDRESS: Registration Section	Name of Contact P	erson		nd Dayt	ime Telephone Number
and Certificate of Status  and Certified Copy Certified Copy, and Certificate of Status  STREET ADDRESS: Registration Section  Address: Registration Section	Enclosed is a check	for the following amou	unt:		
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District of Comments of Commen	Registration Section		_		
	-	Division of Corporations		Division of Corporations	
<del></del>	Clifton Building		P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			Tallaha	ssee, I	<sup>4</sup> L 32314

CR2E106 (02/14)

### **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.

. 101.00	
1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:	
BH Hotels Management LLC	4
Enter Name of Florida Limited Liability Company	•
2. The name of the "Converted or Other Business Entity" is:	
BH 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 Florida Delquare  (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.	> 3
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 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.")	the

- 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			
3	Miami Beach, FL 33140			
	r Other Business Entity" has agreed to e amount to which such members are .1072, F.S.			
Signed this 6th	day of	, 20 <mark>, 20</mark>		
Signature:	Must be signed by a Member or Author	orized Representative		
Printed Name: Stev	- ,	rized Representative		
Fees: Filing Fee: Certified Cop Certificate of	•			

Page 2 of 2