# 112000063876

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	,	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

ALLAHASSEF FINIE

D. BRUCE
MAY 1 1 2012

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: J.R. S	Sixteen, LLC		
	of Resulting Florida Lir	nited Company)	<del></del>
The enclosed Certificate of Conversion, "Other Business Entity" into a "Florida l'Please return all correspondence concern	Limited Liability Co		
Gail Smith			
(Contact Person)		,	
Siegelaub, Golding & Felle	r P A		
. (Firm/Company)	.,		
2801 N. University Drive, S	uite 301		
(Address)			-re-d
Coral Springs, FL 3306	5		ארר <b>15 ב</b> ארר
(City, State and Zip Code			
gsmith@siegelaub.con	n		ID ASS
E-mail address: (to be used for future annual repo	<del></del>		<u> </u>
For further information concerning this r	natter, please call:		PM R: 0,9 OF STATE E. FLORID
Gail Smith	at (_954	753-2222	
(Name of Contact Person)	(Area Code	and Daytime Telephone Number)	
Enclosed is a check for the following am	ount:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fe and Certified Cop		
STREET ADDRESS: Registration Section Division of Corporations	Registra	NG ADDRESS: ation Section n of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	P. O. B	ox 6327 ssee, FL 32314	

## **Certificate of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
J.R. Sixteen, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation 15000 107389.  (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 8/2/2005 A T T T T T T T T T T T T T T T T T T
(Enter date "Other Business Entity" was first organized, formed or incorporated:
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the word which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
J.R. Sixteen, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date:  (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 listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.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 16th ,	_ day of <u>April</u>	20 <u>12</u>	
Signature of Membe	er or Authorized Rep	presentative of Limited Liability Comp	any:
		ated in this document are true. Any falso	
		ed for in s.817.155, F.S.	\
		<i>i</i> Λ. \ ?//, /	
Signature of Member	r or Authorized Repres	sentative: <u>Arana Mude</u>	$\mathcal{Y}$ .
Printed Name: Diana I	Eldridge	Title: MGRM of General Partner	·
		Intity: Individual(s) signing affirm(s) that	
this document are tr	ue. Any false informat	tion constitutes a third degree felony as	provided for in
s.817.155, F.S. [See b	elow for required sign	nature(s).]	
Signature:	DAGU.	<u> </u>	
Printed Name: Kenneth	Eldridge	· Title: <u>President</u>	
	$\cap$	. 1	
Signature:	Juna 76	dudan)	1
Printed Name: Diana E		Title: Vice President	<del></del>
, Time at Time to the time to	<u> </u>	XIXE LIPSING	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Trinica Ivanio.		1 Kilo.	
Signature:			
Printed Name:	-	Title:	
Signature:			
Printed Name		Title:	
Timed Itame.			
If Florida Corporation	on:		<u> </u>
	n, Vice Chairman, Dire	ctor, or Officer.	全帝 第一
		d, an Incorporator must sign.	ASA T
		, .	SEA O
If Florida General Pa	artnership or Limited	Liability Partnership:	ू अस्ति अस्ति विक
Signature of one Gene			
_			LORA NATOR
		Liability Limited Partnership:	
Signatures of ALL Ge	eneral Partners.		<b></b>

All others:
Signature of an authorized person.

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:			
J.R. Sixte			
(Must end with the words "Limited Liability Company, the abbrevi	iation "L.L.C.," or the designation "LLC.")		
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Compan	y is:	
Principal Office Address:	Mailing Address:		
20505 South Dixie Highway, Suite 1303	8888 S.W. 136th Street, #487		
Cutter Bay, FL 33189	Miami, FL 33176	<u> </u>	
10900 S.W. 6 Florida street address (P Miami	d Agent. You must designate an individual or another istered agent are:	SECRETARY OF STATE	FILED

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)

Page 1 of 2

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Me	ember	
MGRM	DKELD Limited Liability Limited Partnership, LLLP 10900 S.W. 69th Avenue	<u>,                                     </u>
	Miami, FL 33156	- -
		<del>-</del> -
		CRETY CAHAN
		AY IO PHE
		Y OF STATE EE. FLORIDA
(Use attachment if necessa	ary)	TE A
•	other than the date of filing:	TE IDA
TICLE V: Effective date, if	other than the date of filing:(OPTIONAL) e prior to nor more than 90 days after the date this documents.	ment is filed by
ICLE V: Effective date, if effective date and before the defendance of States.	other than the date of filing:(OPTIONAL)	ment is filed by
ICLE V: Effective date, if effective date and before the defendance of States.	other than the date of filing:OPTIONAL)  e prior to nor more than 90 days after the date this docume; AND 2) must be the same as the effective date listed	ment is filed by
TICLE V: Effective date, if a effective date: 1) cannot be florida Department of Statificate of Conversion, if an	other than the date of filing:OPTIONAL)  e prior to nor more than 90 days after the date this docume; AND 2) must be the same as the effective date listed	ment is filed by
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effective date: 1) cannot be florida Department of Statisficate of Conversion, if an EUIRED SIGNATURE:  Signature of a member of the penalties of perjury that the	other than the date of filing:  (OPTIONAL)  e prior to nor more than 90 days after the date this docume; AND 2) must be the same as the effective date listed effective date listed therein.)	ment is filed by in the attached

Page 2 of 2