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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 2 3 2012

T. HAMPTON

COVER LETTER

	Registration Section Division of Corporations
SUBJE	ITH DI Reach 110
The end	closed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an
	Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please 1	return all correspondence concerning this matter to:
<u> </u>	(Contact Person)
	(oun ster)
	777 S. Hagler Dr. Snite 500E West Palm Beach F2 33 418
	Nest Palm Bad, F2 33 418
E-mail ac	(City, State and Zip Code) Soul a gun ster, Com Idress (to be used for future/annual report notifications)
For furt	her information concerning this matter, please call:
	(Name of Contact Person) at (50) 758-580 7 (Area Code and Daytime Telephone Number)
Enclose	d is a check for the following amount:
(\$25 for (Filing Fees Status Stat
	T ADDRESS: MAILING ADDRESS:
_	ation Section Registration Section n of Corporations Division of Corporations
	Building P. O. Box 6327
	recutive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

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: JEM DALM BEACH, TNC. (Enter Name of Other Business Entity)		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a (Or poration, limited partnership, general partnership, common law or business trust, etc.)	12 OCT 22	SECRETA!
first organized, formed or incorporated under the laws of	AH 11: 17	CORPOR.
on March 24, 2011 (Enter date "Other Business Entity" was first organized, formed or incorporate	: 17	SKOLLY
(Enter date "Other Business Entity" was first organized, formed or incorporate	d)	(A)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the which it is now organized, formed or incorporated: \(\begin{align*} \be	e laws (of
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
JEM PALMBEACH, LLC (Enter Name of Florida Limited Liability Company)		·
(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 of the Florida Department of State; AND 2) must be the same as the effective date is attached Articles of Organization, if an effective date is listed therein.)		the
6. The conversion is permitted by the applicable law(s) governing the other business entity and conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the		sion.

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 15th day of October	<u>~ 20 / 2 .</u>
Signature of Member or Authorized Represent Individual signing affirms that the facts stated is constitutes a third degree felony as provided for	n this document are true. Any false information
Signature of Member or Authorized Representat Printed Name: Joseph Wares Ch	ive: Title: Title:
	Individual(s) signing affirm(s) that the facts stated in onstitutes a third degree felony as provided for in e(s).]
Signature: Printed Name: 6 Sept Wave Ca	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of If Directors or Officers have not been selected, an Interest of the	or Officer. Incorporator must sign.
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity Limited Partnership:
All others: Signature of an authorized person.	ECRETAR SPAROF C OCT 22
Fees:	COAPEN.
Certificate of Conversion: \$25.	00

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

\$125.00

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
JEM Palm Beach, LLC	<u> </u>	
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Compan	y is
Principal Office Address:	Mailing Address:	
85 Dunbar Road E. Palm Beach Gardens, FL 33418	85 Dunbar Road E. Palm Beach Gardens, FL 33418	
ARTICLE III - Registered Agent, Registered		
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another	
The name and the Florida street address of the re	egistered agent are:	
Cynthia C. Spall		
Name	_	
85 Dunbar Road I		
Palm Beach Gardens	ress (P.O. Box <u>NOT</u> acceptable)	
	te, and Zip	
registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regist Registered Agent's Signature	nis certificate, I hereby accept the appointment at a I further agree to comply with the provisions of formance of my duties, and I am familiar with a tered agent as provided for in Chapter 608, F.S.	s of ai ind
(CONTINU	JED) 🗻 🚉	

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Cynthia C. Spall 85 Dunbar Road E Palm Beach Gardens, FL 33418	
MGR	Joseph Maresca	
	12698 Ellison Wilson Road	
	North Palm Beach, FL 33408	
(Use attachment if necessary) CLE V: Effective date, if other than th	ne date of filing: (OPTIO	NAL
CLE V: Effective date, if other than th	be specific and cannot be more than five business	NAL days
CLE V: Effective date, if other than the	ne date of filing: (OPTIO be specific and cannot be more than five business	NAL days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business of a member.	NAL lays
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the end of the constitutes an affirmation und I am aware that any false information and I am aware that any false information und I am aware that I a	be specific and cannot be more than five business	days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the end of the constitutes an affirmation und I am aware that any false information and I am aware that any false information und I am aware that I a	be specific and cannot be more than five business of per or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true, remation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)	days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor Cynthia C. Sp	be specific and cannot be more than five business of per or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true, remation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)	days
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\$ 5.00 Certificate of Status (Optional)