

LI2000160089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

12/21/12--01027--011   \*\*180.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SPECIAL AGENT IN CHARGE  
FBI - TAMPA  
TAMPA, FLORIDA

APPROVED  
AND  
FILED

D. BRUCE

DEC 26 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** Kim Weidenbach

**DATE:** 12/21/12

**REF. #:** 001827.178365

**CORP. NAME:** ONE BAL HARBOUR 5C, LLC

ARTICLES OF INCORPORATION       ARTICLES OF AMENDMENT       ARTICLES OF DISSOLUTION  
 ANNUAL REPORT       TRADEMARK/SERVICE MARK       FICTITIOUS NAME  
 FOREIGN QUALIFICATION       LIMITED PARTNERSHIP       LIMITED LIABILITY  
 REINSTATEMENT       MERGER       WITHDRAWAL  
 CERTIFICATE OF CANCELLATION  
 OTHER: CERTIFICATE OF CONVERSION

STATE FEES PREPAID WITH CHECK# 102609 FOR \$ 180.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

**COST LIMIT: \$ \_\_\_\_\_**

**PLEASE RETURN:**

CERTIFIED COPY       CERTIFICATE OF GOOD STANDING       PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

Examiner's Initials

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SERIALIZED AND FILED  
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**Certificate of Conversion**  
For  
**“Other Business Entity”**  
Into  
**Florida Limited Liability Company**

This Certificate of Conversion and attached Articles of Organization 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:

ONE BAL HARBOUR 5C, INC.

(Enter Name of Other Business Entity)

2. The “Other Business Entity” is a corporation

103000132596

(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 10/29/2003

(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 laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

ONE BAL HARBOUR 5C, 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.

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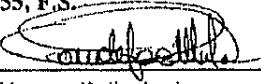
FILED

APPROVED

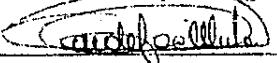
AND

Signed this 21<sup>st</sup> day of December 2012

**Signature of Member or Authorized Representative of Limited Liability Company:**  
Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative:   
Printed Name: MARIA M. SOCL DE CONDE Title: Manager/Authorized representative

**Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature:   
Printed Name: MARIA M. SOCL DE CONDE Title: President

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**  
Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**  
Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**  
Signatures of ALL General Partners.

**All others:**  
Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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SHERIFF'S OFFICE  
FLORIDA  
FILED

APPROVED  
A40  
FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**ONE BAL HARBOUR 5C, LLC**

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C." or the designation "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2815 DAY AVE  
MIAMI FL 33133

Mailing Address:

444 BRICKELL AVENUE  
SUITE 51-2184  
MIAMI FL 33131

### 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:

THE GECKA GROUP, INC.

Name

9360 SW 72 STREET, SUITE 232

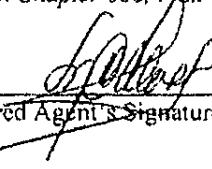
Florida street address (P.O. Box NOT acceptable)

Miami

FL 33173

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)**

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**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:**

MGR

MARIA M. SOCI DE CONDE

444 BRICKELL AVENUE, SUITE 51-2184

MIAMI FL 33131

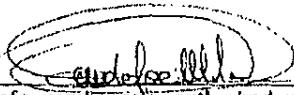
(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:**

**(OPTIONAL)**

(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 Certificate of Conversion, if an effective date listed therein.)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MARIA M. SOCI DE CONDE

Typed or printed name of signee

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REGISTRATION AND  
RECORDS SECTION

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