

L 13000059070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

A23747
(Document Number)

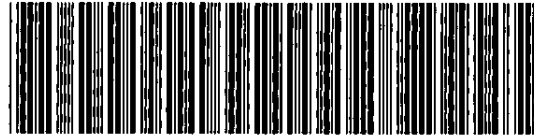
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

APR 23 2013

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TALLAHASSEE FLORIDA

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TALLAHASSEE FLORIDA



Wolters Kluwer
Corporate Legal Services

CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 222 1092 tel
850 222 7615 fax
www.ctcorporation.com

April 22, 2013

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 8742047 SO
Customer Reference 1: Conversions (6)
Customer Reference 2: FL

Dear Department of State, Florida:

Please obtain the following:

Ambergate Apartments, Ltd. (FL)
Conversion
Florida

Ambergate Apartments, LLC (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ambergate Apartments, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Ann Marie Pozzini
(Contact Person)
Arbor Commercial Mortgage, LLC
(Firm/Company)
333 Earle Ovington Blvd., Suite 900
(Address)
Uniondale, NY 11553
(City, State and Zip Code)
rweiss@elonmgmt.com
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Ann Marie Pozzini at (516) 506-4420
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, 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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CERTIFICATE OF CONVERSION
OF
AMBERGATE APARTMENTS, LTD.,
A FLORIDA LIMITED PARTNERSHIP
INTO
AMBERGATE APARTMENTS., LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

This Certificate of Conversion is submitted to convert the following Florida limited partnership into a Florida limited liability company in accordance with Sections 620.2102 and 608.439 of the Florida Statutes.

1. The name of the converting domestic partnership is Ambergate Apartments, Ltd. and its Florida document number is A23747. Ambergate Apartments, Ltd. was organized in Florida on December 9, 1986.

2. The name of the converted entity as set forth in the Articles of Organization is Ambergate Apartments, LLC, a Florida limited liability company.

3. Ambergate Apartments, Ltd. has converted into Ambergate Apartments, LLC in compliance with Chapters 620 and 608 of the Florida Statutes, which govern Florida limited partnerships and Florida limited liability companies.

4. The plan of conversion was approved by Ambergate Apartments, Ltd. in accordance with Chapter 620 of the Florida Statutes.

5. The plan of conversion was approved by Ambergate Apartments, LLC in accordance with Chapter 608 of the Florida Statutes.

6. The principal office address of Ambergate Apartments, LLC is 590 W. Kennedy Blvd., 2nd Floor, Lakewood, NJ 08701.

7. This conversion shall be effective on April 22, 2013.

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TALLAHASSEE FLORIDA

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Ambergate Apartments, Ltd., a Florida
limited partnership

By AL Central Jersey GP, LLC, a Delaware
limited liability company, its general partner

By: Ann Marie Pozzini
Name: Ann Marie Pozzini
Title: Authorized Signatory

Ambergate Apartments, LLC, a Florida
limited liability company

By: Joanna Thalassinou
Name: Joanna Thalassinou
Title: Authorized Signatory

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ALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ambergate Apartments, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

590 W. Kennedy Blvd.
2nd floor
Lakewood, NJ 08701

590 W. Kennedy Blvd.
2nd floor
Lakewood, NJ 08701

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:

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)

Plantation FL 33324
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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..

C T Corporation System
By: Connie Bryan **Connie Bryan**
Registered Agent's Signature (REQUIRED) **Assistant Secretary**

(CONTINUED)

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:

MGRM _____

Lexford Pools 1/3 LLC _____

333 Earle Ovington Blvd., Suite 900 _____

Uniondale, NY 11553 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (Optional) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Ann Marie Pozzini

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.)

Ann Marie Pozzini

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)