(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	Wait	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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03/04/14--01015--008 **455.00

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MAR 0 5 2014 D. BRUCE



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1.	Beach Club 4202 C	orp P11000060475
	(CORPORATE NAME)	(DOCUMENT #)
2.		
	(CORPORATE NAME)	(DOCUMENT #)
3.		
	(CORPORATE NAME)	(DOCUMENT #)
٢	Walk-In Pick up time:	XCertified Copy ☐ Certificate Of Status
_		executived copy in certificate of status

	New Filings
	Profit
	Non-Profit
	Limited Liability
×	Corp > UL

Amendments
Amendments
Resignation
Dissolution/Withdrawal
Other:

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An	ŋual	Reião	rt
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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.605.1045, Florida Statutes.

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation \(\bigcup_{000000000000000000000000000000000000
First organized, formed or incorporated under the laws of Florida
on 07/01/2011 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: BEACH CLUB 4202 LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date 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.)

Page 1 of 2



Signed this 28 day of FEBRUARY	
Signature of Authorized Representative of L	imited Liability Company:
Signature of Authorized Representative:	David III
Printed Name: MARIA ISABEL PINEIRO	Title: MANAGER
Signature(s) on behalf of Other Business Entit	v: [See below for required signature(s).]
Signature: Printed Name: MENAHEM M. BENATAR	Title: DIRECTOR
Signature:	
Printed Name: ALBERTO BENATAR	Title: DIRECTOR
Signature:	>
Printed Name: MARIA I. PINEIRO	Title: SECRETARY
Signature:	
Printed Name:	
Circumstance .	
Signature:Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a	
If Florida General Partnership or Limited Lia Signature of one General Partner.	ability Partnership:
If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners.	ability Limited Partnership:
All others: Signature of an authorized person.	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
BEACH CLUB 4202 LLC		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	
2125 NW 79 AVENUE	2125 NW 79 AVENUE	
DORAL, FL 33122	DORAL, FL 33122	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	vn Registered Agent. You must designate an individ	
ARAGON REGISTERE	ED AGENTS, INC	
	Name	
255 ALHAMBRA CIRCI	LE SUITE 500	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
CORAL GABLES	FL33134	
City	Zip	
registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position Registered ogent (CO	nated in this certificate, I hereby accept i	the appointment as th the provisions of all am familiar with and Chapter 605, F.S
		H I: 03

Title:	Name and Address:	
"AMBR" = Authorized Member	**************************************	
"MGR" = Manager MGR	MARIA ISABEL PINEIRO	
	2125 NW 79 AVENUE	
	DORAL, FL 33122	
ffective date is listed, the date m	n the date of filing: (OPTION ust be specific and cannot be more than five business	
CLE V: Effective date, if other than effective date is listed, the date m days after the date of filing.)		
CLE V: Effective date, if other than effective date is listed, the date m days after the date of filing.)		
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CLE V: Effective date, if other than effective date is listed, the date median days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ust be specific and cannot be more than five business	
CLE V: Effective date, if other than effective date is listed, the date med days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men in accordance with section 605.020 enstitutes an affirmation under the sum aware that any false information.	nber or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this documpenalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State	nent
CLE V: Effective date, if other than effective date is listed, the date median days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men in accordance with section 605.020 enstitutes an affirmation under the sum aware that any false information.	nber or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docum penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)	nent
CLE V: Effective date, if other than effective date is listed, the date med days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men of accordance with section 605.020 constitutes an affirmation under the sam aware that any false informatio constitutes a third degree felony as provided the section of the section o	nber or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docum penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)	es days pri