4000053862

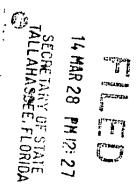
	794-	55548
(F	Requestor's Name)	
(/	Address)	
· .	Address)	
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
])	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2014

RICK SUAREZ 13550 N KENDALL DR SUITE 250 MIAMI, FL 33186

SUBJECT: RICKS REAL ESTATE LLC

Ref. Number: W14000017208

We have received your document for RICKS REAL ESTATE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 014A00005780

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Division of C	orporations			
SUBJECT. Ricks	Real Estate LLC			
SUBJECT.	(Name	of Resulting Florida Li	mited Co	ompany)
				fees are submitted to convert an "Other dance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Rick Suarez				
	(Contact Person)			
Castle Realty				
	(Firm/Company)			
13550 N Kenda	all Drive Suite 25	50		
	(Address)			
Miami, FL 3318	86			
	City, State and Zip Code)			
ricksuarez@ca	stle-realty.net			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma			
Rick Suarez		_ _{at (} 305)3	383-8	848
(Name of Conta	ct Person)	(Area Code)	Daytime	Telephone Number)
Enclosed is a check f	or the following amou	int:		
\$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 Copy	Ce	\$185.00 Filing Fees, ortified Copy, and ortificate of Status
STREET ADDRESS	S:	MAILIN	_	
Registration Section	one	Registrati Division o		
Division of Corporati Clifton Building	OHS	P. O. Box		orations
2661 Executive Cent	er Circle	Tallahass		32314

Tallahassee, FL 32301

TO: Registration Section

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization	n are submitted to convert the following
"Other Business Entity" into a Florida Limited Liability Company	in accordance with s.605.1045, Florida
Statutes.	

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of CRicks Real Estate Corporation	Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	
(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	
on 07/27/1994 (Enter state, or if a non-U.S. entity, the name of the	e country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of O	rganization:
Ricks Real Estate LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: Date of filing	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as date listed in the attached Articles of Organization, if an effective date is listed therein.)	
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.	7 ~·
Page 1 of 2 Page 1 of 2 Page 1 of 2	4 MAR 28 PH 12:
ORI ORI	N D

Signed this 10 . day of March	2014	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Rick J. Suarez	Tille: AMBR	_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]	
Signature: Printed Name: Rick J. Starez	Title: President	-
Signature.	724	-
Printed Name:		
Signature: Printed Name:	Title:	-
Signature:Printed Name:	Title	_
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	Title:	-
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off Directors or Officers have not been selected, an Inc.	Officer.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	· Co
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	14 MA
All others: Signature of an authorized person.	,	AR 28 HASSEE
Fees:		PHIZ: 2
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	27 PIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ricks Real Estate LL		Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing add		ne principal office of the Limited I	Liability Company is:
Principal Office	e Address:	Mailing Address:	
13550 N. Kendall Dr	ive	13550 N. Kendall Drive	
Suite 250		Suite 250	
Miami, FL 33186		Miami, FL 33186	
The name and th	e Florida street address of t Rick Suarez N	the registered agent are:	14 MAI SECRE TALLAH
			DE N HARM
	13550 N. Kendall Drive Suite 2		728 728 730Y A\$\$E
		P.O. Box NOT acceptable)	TANY OF ASSEE, FI
			TANY OF STA
	Florida street address (P.O. Box NOT acceptable)	R 28 PH 12: 27 TANY OF STATE ASSEE, FLORIDA
liability con registered age statutes relai	Florida street address (Miami City mamed as registered agent and many at the place designate int and agree to act in this day ing to the proper and complete obligations of my position as Registered Agent's	P.O. Box <u>NOT</u> acceptable) FL 33186	the above stated limited of the appointment as with the provisions of all I am familiar with and

Page 1 of 2

"MGR" = Manager		
AMBR	Rick Suarez	
	14201 SW 153 Ave	
	Miami, FL 33196	
AMBR	Patricia Suarez	
	14201 SW 153 Ave	
	Miami, FL 33196	
(Use attachment if necessary)		
CLE V: Effective date, if other than the	the date of filing: Date of filing (OPTIO st be specific and cannot be more than five busines	
CLE V: Effective date, if other than the offective date is listed, the date must		
CLE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)		
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LE V: Effective date, if other than a ffective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membra accordance with section 605.0203	ber or an authorized representative of a member. (1) (b). Florida Statutes, the execution of this documents and the statutes of the execution of this documents.	ss di 14 MAR 28 PH 12: 22 nent
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REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the permanent of	ber or an authorized representative of a member. (1) (b). Florida Statutes, the execution of this documenalties of perjury that the facts stated herein are true submitted in a document to the Department of State	ss di 14 MAR 28 PH 12: 22 nent
CLE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the permanent of the p	ber or an authorized representative of a member. (1) (b). Florida Statutes, the execution of this documenalties of perjury that the facts stated herein are true submitted in a document to the Department of State ovided for in s.817.155, F.S.)	ss di 14 MAR 28 PH 12: 22 nent
ELE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) ELE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the permaware that any false information institutes a third degree felony as pro-	ber or an authorized representative of a member. (1) (b). Florida Statutes, the execution of this document is of perjury that the facts stated herein are true submitted in a document to the Department of State ovided for in s.817.155, F.S.)	ss di 14 MAR 28 PH 12: 22 nent
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REQUIRED SIGNATURE: Signature of a membra accordance with section 605.0203 astitutes an affirmation under the permanent of t	ber or an authorized representative of a member. (1) (b). Florida Statutes, the execution of this document is of perjury that the facts stated herein are true submitted in a document to the Department of State ovided for in s.817.155, F.S.)	ss di 14 MAR 28 PH 12: 22 nent

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-