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, (Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<i>₹</i> }
PICK-UP	WAIT	MAIL ,
_ (Bu	siness Entity Nam	ne)
- (Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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04/03/14--01035--009 **150.00

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APR 04 2014 S. YOUNG

COVER LETTER

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			d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corresp	ondence concerning	this matter to:	
	FISHER (Contact Person) T A SSOCIATION (Company)	7.65	ක් සංවත උත් ම විදුලික <u>සාමාධ්ය ලබා දි</u>
	Firm/Company) RDIN LAINE (Address)		
WESTON FL (City	3332 7 , State and Zip Code)	The state of the s	and the second of the second o
E-mail Andress: (to be us	A G-MAIL. COA	ort notifications)	And the second of the second o
For further information	concerning this mat	ter, please call:	
MESHULAM F (Name of Contact F	/SHFA Person)	at (957) (Area Code) (Ďay	17-9192 time Telephone Number)
Enclosed is a check for	the following amou	nt:	
(\$25 for Conversion ar	J\$155.00 Filing Fees and Certificate of tatus	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporation Clifton Building 2661 Executive Center O		MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section orporations 27

Tallahassee, FL 32301

Registration Section

Division of Corporations

TO:

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: VALIFY WFST ASSOCIATES GPOSOOOQUES (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: VAULY UEST ASSOCIATES 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.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

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SECHAINAY OF STATE
TAIL AHASSEE FLORIDA

` , \$T				
Signed this 1 day of MAKCH	20 17	in a see as to de-	·	
Signature of Authorized Representative of Limi	ted Liability Compan	<u>y:</u>		
Signature of Authorized Representative:	10 91			
Printed Name: MESHULAM FISHER	Title MEM	<u> </u>		
rimited Wante. 216 SHULATA FOSTILE	1 <u>1116</u> . 715/11	7/5/1	-	
Signature(s) on behalf of Other Business Entity:	[See_below for required	i signature(s).]		
Signature: Merhel Gifer				
Signature: MESHULAM FISHER	Title: GFNFAAL	PARTNER	고 · ·	:
			_	
Signature: Printed Name:	Title.	The second secon		į -
Printed Name:	. 1 <u>me:</u>	· · · · · · · · · · · · · · · · · · ·	*. · · · · ·	1 -
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Signature:Printed Name:	Maria di Caracteria del Caracteria d	Page A Say 1 Res F		i
Printed Name:	Title:		_ :•• ¬	١
If Florida Corporation:	<u>-</u>			
Signature of Chairman, Vice Chairman, Director, or C				
If Directors or Officers have not been selected, an Inc	corporator must sign.			
If Florida General Partnership or Limited Liabilit	ty Partnership:			
Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabilit	v Limited Partnership	:		
Signatures of ALL General Partners.		•	•	•
All oth over				
All others: Signature of an authorized person.			=	
•			SEC SEC	gar v <u>a</u> :
Fees:			APR Criti	
Articles of Conversion:	\$25.00		ASS	2 1
Fees for Florida Articles of Organization:	\$125.00		E PA	#14. ¥ 6. —
Certified Copy:	\$30.00 (Optional)		F SI	***
Certificate of Status:	\$5.00 (Optional)		: 52 TATE ORID	* *
			Su v	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
VALLEY UFST ASSOCIATES 11C. (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:
2577 TAKDIN LANE 2527 JAKDIN LANE
WESTO, FL 333/7 WESTON, FL 333 CT
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:
MESHULAM FISHFR Name
75)7 TAKDIN (ANF Florida street stidress (P.O. Box NOT acceptable)
WFSTON FL 33327 City 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 605, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

The name and address of each person Company:	on authorized to manage and control the Emilier	•
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBA	MESHULAM FISHER	
AMBR	SHLOMO SPRITZER	<u>~</u>
	WESTER, FW 33327	
		 ;
:		
(Use attachment if necessary) TICLE V: Effective date, if other than to an effective date is listed, the date must	he date of filing: (OF	TIONAL)
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TICLE V: Effective date, if other than that effective date is listed, the date must are 90 days after the date of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information is constitutes a third degree felony as pro-	per or an authorized representative of a mem (1) (b), Florida Statutes, the execution of this demalties of perjury that the facts stated herein are submitted in a document to the Department of Sovided for in s.817.155, F.S.)	ber. becument true, tate
TICLE V: Effective date, if other than to an effective date is listed, the date must be 90 days after the date of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (in accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information is constitutes a third degree felony as profiling Fees:	per or an authorized representative of a mem (1) (b), Florida Statutes, the execution of this demalties of perjury that the facts stated herein are submitted in a document to the Department of S	ber.