# 14000084524

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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# COVER LETTER

TO: Registration S Division of C							
SURJECT. Andma	r Enterprises, L.L.C	•					
	(Name	of Resulting Florida I	Limite	d Company)			
	-	_		d fees are submitted to coordance with s. 605.			)ther
Please return all corr	espondence concernin	g this matter to:					
Andrew L. Herskov	witz						
	(Contact Person)						
	(Firm/Company)						
1450 Madruga Ave	enue, Suite 209						
	(Address)						
Coral Gables, Flori	da 33146						
((	City, State and Zip Code)			at-	• /•		
hersk@bellsouth.n	et				220	2014	
E-mail Address: (to b	e used for future annual re	port notifications)			23	迺	, ,
For further information	on concerning this ma	tter, please call:			ASS.	2014層1103	E, 524
Joseph Hernandez		_at (305)	854-	-0800	7 (3) (1)		1
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)	- Fo	<del></del>	****
Enclosed is a check f	or the following amou	int:			통해	٦.	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRES	S:			ADDRESS:			
Registration Section Division of Corporate	ions	Registra Division		Section forporations			
Clifton Building	ions	P. O. Bo		•			
2661 Executive Cent	er Circle			FL 32314			

Tallahassee, FL 32301

# **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Andmar Enterprises, Inc. $5/3/95/0$
(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 2/11/1991 (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:
Andmar Enterprises, L.L.C.
(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

CECRETARY OF CASE.

Signed this	day of May	20 <u>14</u>	
Signature of Aut	thorized Representative of	f Limited Liability Company:	
Signature of Auth Printed Name: <u>An</u>	norized Representative: drew L. Herskowitz	Title: Manager	
Signature(s) on b	ehalf of Other Business En	tity: [See below for required signat	ure(s).]
Signature:	4/	Title: President	
Printed Name: An	drew C. Herskowitz	Title: President	<del></del>
Signature:		Title:	<u> </u>
Signature: Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
	ration: man, Vice Chairman, Direct icers have not been selected,		
<b>If Florida Genera</b> Signature of one C	al Partnership or Limited I General Partner.	iability Partnership:	
	d Partnership or Limited L _ General Partners.	iability Limited Partnership:	
All others: Signature of an au	thorized person.		
Fees:			
Articles of	f Conversion:	\$25.00	511 5 513 5 513 5

HAVE SCHOOL AND THE

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Andmar Enterprises, L.L.C.

(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:**

1450 Madruga Avenue1450 Madruga AvenueSuite 209Suite 209Coral Gables, Florida 33146Coral Gables, Florida 33146

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:

Andrew L. Herskowitz

Name

1450 Madruga Avenue, Suite 209

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

Coral Gables,

EL 22146

City

7in

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

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

"AMBR" = Authorized Member "MGR" = Manager		
"MGR" = Manager		
MGR	Andrew L. Herskowitz	
	1450 Madruga Avenue, Suite 209	
	Coral Gables, Florida 33146	
(Use attachment if necessary)		
PLOT E XV. ECC. of a day 10 advantage	1 - 1-1 CCI'	ODTIONIAL
ITCLE V: Effective date, if other than	the date of filing: (0	JPTIONAL)
	st be specific and cannot be more than five	business days p
r 90 days after the date of filing.)		
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FICLE VI: Other provisions, if any.		
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FICLE VI: Other provisions, if any.		
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ΓΙCLE VI: Other provisions, if any.		
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REQUIRED SIGNATURE:  Signature of a mem	ber or an authorized representative of a me	
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)