#14000094714

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2014 JUN 10 PM 3: 25
SEURETARY OF STATE

A SOLINA SOLINA

K.SALY EXAMINER JUN 12 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2014

AZRIA LAW FIRM, PA ISABELLA AZRIA 1000 5TH ST, STE. 200 MIAMI BEACH, FL 33139

SUBJECT: MIAMI WAY LLC Ref. Number: W14000023628

We have received your document for MIAMI WAY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 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.

Karen A Saly Regulatory Specialist II

Letter Number: 714A00008007

COVER LETTER

` '
The enclosed Articles 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. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Isabelle Azera, Esa.
AZRIA LAW FIRM PA
1000 5th STREET, STE 200 (Address)
MIAMI BEACH, FL 33139 (City, State and Zip Code)
<u>Isabelle Quazrialaw. Com</u> E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Isabelle HZRIA at 305,532-7350
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

STREET ADDRESS:

□ \$150.00 Filing Fees

(\$25 for Conversion

& \$125 for Articles

of Organization)

TO:

SUBJECT: _

Registration Section
Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Status

\$155,00 Filing Fees

and Certificate of

MAILING ADDRESS:

□\$185.00 Filing Fees,

Certified Copy, and

Certificate of Status

□\$180.00 Filing Fees

and Certified Copy

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 HOW ACARONA

INHS11 (02/14)

FILED

2014 JUN 10 PM 3: 25

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida

The Articles of Conversion and attached Articles of Organization are submitted to convert the following

Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: **P120001480
(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 FURIDA
on 2 13 20 9 (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:
MIAMI WAY 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.

TALL AHASSEE, FLORIDA	2014 JUN 10 PM 3: 26	
STATE FLORIDA	3: 26	C.

Signed this	day of	20	
Signature (of Authorized Representative of Lin	pited Liability Company:	
Signature o Printed Nan	of Authorized Representative:	RUTILE: MANAGING MEM	BER
		[See below for required signature(s).]	
Signature: Printed Nan	NO: LAURENT GRINDLE	ERTitle: PRESIDENT	
Signature:			
Printed Nan	ne:	Title:	
Signature:		Title:	
Printed Nan	ne:	Title:	
Signature:			
Printed Nan	ne:	Title:	
Signature:		Title:	
			AL SE
Signature:			
Printed Nan	ne:	Title:	AS
Signature of	Corporation: f Chairman, Vice Chairman, Director, o or Officers have not been selected, an I		AHASSEE, FLORID
	<mark>General Partnership or Limited Liabi</mark> f one General Partner.	lity Partnership;	RID
	limited Partnership or Limited Liabi of <u>ALL</u> General Partners.	lity Limited Partnership:	
All others: Signature of	f an authorized person.		
Fees:			
Fee: Cert	cles of Conversion: s for Florida Articles of Organization: tified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
MIAMIWAY 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:				
Suite 1110-1111 MIAMI, FL 33130 (Same)				
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:				
AZRIALAWFIRM PA				
1000 5th Street, STE 200				
Florida street address (P.O. Box NOT acceptable) MiQui Beach FL 33139 City Zip				
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)

Page 1 of 2

(CONTINUED)

ARTICLE IV-	<i>[-1]</i>	ED
The name and address of each person authorized to the second seco	to manage and control the Limited Liability, Company: Name and Address: Control to Liability Company: Co	PM 3: 26 DF STATE , FLORIDA
MGRM	LAURENT (TRINDLER 175 SW 7 STREET, SUITE IIIC MIAMI, FL 33130) IIII
· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and the date of filing.)) days after
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
(In accordance with section 605.0203 (constitutes an affirmation under the pen	an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. ubmitted in a document to the Department of State vided for in s.817.155, F.S.)	
LAUREI Typed	NT GRINDLER 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)