# L14000104625

| (Re                     | equestor's Name)   |             |  |
|-------------------------|--------------------|-------------|--|
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| (Ci                     | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                 | WAIT               | MAIL        |  |
| (Bu                     | usiness Entity Nan | ne)         |  |
| (Document Number)       |                    |             |  |
| Certified Copies        | Certificates       | s of Status |  |
| Special Instructions to | Filing Officer:    |             |  |
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Office Use Only



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14 MAY -9 PH 1: 56

UL 01 2014 J. HARRIS

## **COVER LETTER**

| TO:                       | Registration S<br>Division of C                                    |  |                                    |                          |  |   |
|---------------------------|--|--|------------------------------------|--------------------------|--|---|
| SUB.                      | ECT: Su Cas  | a Of Pompano Bead                              | ch                                 |                          |  |   |
| ~~~                       |  | (Name  | of Resulting Florida               | Limite                   | ed Company)  |   |
|                           |  |  | _                                  |                          | nd fees are submitted to co accordance with s. 605.104                 |   |
| Please                    | return all corre   | espondence concernin                           | g this matter to:                  |                          |  |   |
| Mimi                      | N. Rodriguez   |  |                                    |                          |  |   |
|                           |  | (Contact Person)                               |                                    |                          |  |   |
| Su C                      | asa Of Pompa   | ano Beach                                      |                                    |                          |  |   |
|                           | <del></del>  | (Firm/Company)                                 |                                    |                          | <b>;</b>   |   |
| 551 l                     | NE 5th Street  |  |                                    |                          |  | 14 17 17 17 17 17 17 17 17 17 17 17 17 17 |
|                           | <u></u>  | (Address)                                      |                                    |                          |  | F SIGN                                    |
| Pom                       | oano Beach, F  | Florida 330690                                 |                                    |                          |  | 14 MAY -9 PM 1:57                         |
|                           | · · · · · · · · · · · · · · · · · · ·                              | City, State and Zip Code)                      |                                    |                          |  | 9 PM                                      |
| cidm                      | imi@comcast  | .net   |                                    |                          |  |   |
| E-n                       | nail Address: (to b  | e used for future annual re                    | port notifications)                |                          |  | 57  |
| For fu                    | rther informati  | on concerning this ma                          | tter, please call:                 |                          | •  | . – .                                     |
| Marie                     | e V. Rodrigue  | z-Kamphius                                     | _at (954                           | 383                      | -0022  | 2   |
|                           | (Name of Conta   | ct Person)                                     | (Area Code)                        | (Day                     | ytime Telephone Number)  |   |
| Enclo                     | sed is a check f   | for the following amou                         | int:                               |                          |  |   |
| (\$25 fc<br>& \$125       | 0.00 Filing Fees or Conversion 5 for Articles anization)           | \$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Cop |                          | □\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |   |
| Regis<br>Divisi<br>Clifto | ET ADDRES tration Section on of Corporat n Building Executive Cent | ions   | Registra<br>Division<br>P. O. Be   | ation<br>n of C<br>ox 63 | ADDRESS: Section Corporations 27 FL 32314                              |   |

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2014

MIMI N RODRIGUEZ 551 NE 5TH ST POMPANO BEACH, FL 33060

SUBJECT: SU CASA OF POMPANO BEACH

Ref. Number: W14000032097

DIVISION OF CORPORATIONS

- 14 MAY -9 PM 1: 56

We have received your document for SU CASA OF POMPANO BEACH 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.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. Youmay wish to revise your document to include the name, address, and titleof such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 214A00011027

#### **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:  Anytime Appraisals, Inc  |
|--|
| (Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" is a C Corp   |
| (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  |
| O4/26/2005 (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:  |
| Su Casa Of Pompano Beach L.L.C.  |
| (Enter Name of Florida Limited Liability Company)  |
| 4. If not effective on the date of filing, enter the effective date: June 1st, 2014  |
| 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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) |
| and moved in the actualistic fit flows of Organization, if all effective date is listed therein,   |

Page 1 of 2

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

| Signed this 6 day of May  | 20 <u>14</u>  |
|---|---|
| Signature of Authorized Representative of L   | imited Liability Company:   |
| Signature of Authorized Representative: Printed Name: Mimi N. Rodriguez   | 7 Title: President  |
| Signature(s) on behalf of Other Business Entit  | <del></del> -   |
| Signature: Muco Rocky - Printed Name: Marie V. Rodriguez-Kamphius   | Kengler   |
| Printed Name: Marie V. Rodriguez-Kamphius   | Title: VIC-President  |
| Signature:Printed Name:   | Title:  |
|   |   |
| 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, If Directors or Officers have not been selected, ar |   |
| If Florida General Partnership or Limited Lia Signature of one General Partner.   | bility Partnership:   |
| If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners.   | bility Limited Partnership:                                       |
| All others: Signature of an authorized person.  |   |
| Fees:   |   |
| Articles of Conversion: Fees for Florida Articles of Organization Certified Copy: Certificate of Status:                    | \$25.00<br>n: \$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

SECIAL TARY OF STATE OF STATE OF CORPORATIONS

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |
|--|
| Su Casa Of Pompano Beach 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:   |
| 551 NE 5th Street551 NE 5th StreetPompano Beach, Fl 33060Pompano Beach, FRL 33060  |
| 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:  |
| Mimi N. Rodriguez  |
| Name   |
| 551 NE 5th Stret   |
| Florida street address (P.O. Box NOT acceptable)   |
| Pompano Beach FL 33060   |
| . 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

| <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:   |                                |
|--|---|--------------------------------|
| "MGR" = Manager MGR  | Minj N. PODRZGU<br>551 NE 5TST<br>POMPANO BEADS FLJ   | <u> </u>                       |
| AMBR   | MARIE U. ROARTGUEZ-   | Kama hiw                       |
|  | MARIE U, RODATGUET-<br>3821 NE 344AUC<br>FONT LAUDENDAR, FL 23  | 208                            |
|  |   | <del>-</del>                   |
|  |   |                                |
|  |   | <del>-</del><br>- <del>-</del> |
| (Use attachment if necessary)  |   |                                |
| o or 90 days after the date of filing.)  ARTICLE VI: Other provisions, if any.       |   |                                |
|  |   |                                |
| REQUIRED SIGNATURE:  |   |                                |
| (In accordance with section 605.0203 (1) constitutes an affirmation under the penalt | or an authorized representative of a member (b), Florida Statutes, the execution of this docuties of perjury that the facts stated herein are true. | ument<br>ue.                   |
| constitutes a third degree felony as provide   | mitted in a document to the Department of State ed for in s.817.155, F.S.)  | e                              |
| constitutes a third degree felony as provide  Mimi N. Rodriguez                      | ed for in s.817.155, F.S.)  | <b>14</b><br>S                 |
| constitutes a third degree felony as provide  Mimi N. Rodriguez                      | ed for in s.817.155, F.S.)  ed or printed name of signee  Organization and Designation  |                                |

ARTICLE IV-