## L14006109750

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;
•

Office Use Only



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06/23/14--01040--013 \*\*150.00





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2014

ALEJANDRO GAMARRA 444 SW 29 ROAD MIAMI, FL 33129

SUBJECT: URBANE PROPERTIES, L.L.C.

Ref. Number: W14000039560

We have received your document for URBANE PROPERTIES, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of 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: 514A00013761

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

### **COVER LETTER**

TO:	-	tration S ion of Co	ection orporations				
SUBJ	ECT: _	Urban	e Properties, L.L.C.				
		•	(Name	of Res	sulting Florida	Limite	ed Company)
							nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	e return	all corre	spondence concerning	g this	matter to:		
Alej	jandro .	J. Gama	arra				
			(Contact Person)				
			(Firm/Company)				
444	SW 29	Road					
			(Address)				
Mia	mi, FL	33129					
		(C	City, State and Zip Code)				
gan	narra.a	lejo@gr	mail.com				
E-r	nail Addı	ress: (to be	used for future annual re	port n	otifications)		
For fu	irther in	formatio	on concerning this ma	tter, p	olease call:		
Alej	jandro .	J. Gama	arra	at (	305	74	2-3602
	(Name	of Contac	ct Person)	_ `	(Area Code)	(Da	ytime Telephone Number)
Enclo	sed is a	check fo	or the following amou	nt:			
(\$25 fo & \$125	60.00 Filing or Conver 5 for Articanization	sion cles	□\$155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET AI	DRESS	S:		MAILI	NG A	ADDRESS:
_	tration S						Section
		orporati	ons				Corporations
	n Build		Ci1-		P. O. Be		
		ve Cente FL 3230	er Circle )		i aiiana	ssee,	FL 32314

# 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 Co	nversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of Flocida	
on $\frac{2-13-2009}{\text{(date of organization, formation or incorporation)}}$ (Enter state, or if a non-U.S. entity, the name of the control of th	he country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C Urbane Properties L.L.C.	)rganization:
(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 day date this document is filed by the Florida Department of State; AND 2) must be the same a 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	14 JUL 10

 $\top$ 

Signed this 19 day of June	20 <u>14</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Jessica M. Irizarry	Title MGRM
Signature(s) on behalf of Other Business Entity:	
Simulation (	
Signature: Printed Name: Alejandro J. Garnarra	Title: President
Signature: Printed Name:	Title:
Signature: Printed Name:	Title
Signature: Printed Name:	Tide
Tibred Name.	
Signature:	77.4
Printed Name:	1 itle:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty 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 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

14 JUL 10 PH 1: 33

(PORFLORIDA LIMITED LIABILITY COMPANY
pany is:
ited Liability Company, "L.IC.," or "LI.C.")
of the principal office of the Limited Liability Company is:
Mailing Address:
444 SW 29 Road
Miami, FL 33129
gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: narra Name

444 SW 29 Road Florida street address (P.O. Box NOT acceptable)

<u>Miami</u> FL 33129 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 prayided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Memb	per
"MGR" = Manager _MGRM	Jessica M. Irizarry
IAIGIZIAI	444 SW 29 Road
	Miami, FL 33129
MGR_	Alejandro J. Gamarra
	444 SW 29 Road
	Miami, FL 33129
•	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)  CLE V: Effective date, if other the effective date is listed, the date of filing.)	than the date of filing: (OPTIONAL) than the date of filing:
CLE V: Effective date, if other the effective date is listed, the date of filing.)	
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CLE V: Effective date, if other to effective date is listed, the date of days after the date of filing.)  CLE VI: Other provisions, if any  REQUIRED SIGNATURE:  Signature of a man accordance with section 605.	nember or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other to effective date is listed, the date of days after the date of filing.)  CLE VI: Other provisions, if any   REQUIRED SIGNATURE:  Signature of a man accordance with section 605.0  Institutes an affirmation under the section of th	nember or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document is the penalties of perjury that the facts stated herein are true.
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Page 2 of 2

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