L14000 117451

(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:					
NOV 2 0 2015					
A. DUNLAP					

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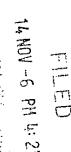


COVER LETTER

TO:	Registration S Division of C						
SUBJ	ECT. KINGWO	OD 18 ASSOCIATES, LL	С				
5020	Name of Florida Limited Liability Company						
The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.							
Please	return all corre	espondence concerning	g this matter to:				
Lindsa	y Miller						
Contact Person							
Linder Law Group							
Firm/Company							
1111 B	rickell Avenue, S	uite 2200					
		Address					
Miami,	FL 33131						
	C	ity, State and Zip Code					
lindsav	@linderlawgroup	.com					
•		be used for future annual re	eport notification)				
For fu	rther information	on concerning this mat	ter, please call:				
	y Miller		•	710 ©			
	ame of Contact Pe	erson	_ at ()	time Telephone Number			
14	anie of Contact I (.15011	Area Code and Day	inne reiephone rumber			
Enclosed is a check for the following amount:							
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee and Certificate of Status	\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314					

CR2E106 (07/14)

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



The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Kingwood 18 Associates, LLC - L14000117 451

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Kingwood 18 Associates, LLC

Enter Name of "Converted or Other Business Entity"

110

3.	The "Converted or Other Business Entity" is a					
	(Enter entity type. Example: corporation, limited partnership, sole proprietorship,					
general partnership, common law or business trust, etc.)						

organized, formed or incorporated under the laws of Delwware

(Enter state, or if a non-U.S. entity, the name of the country)
on 07/25/14

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

- 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
- 5. This conversion shall be effective in Florida on: (C+ 33, 2015). (The effective date: 1) cannot be prior to 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 of the conversion under the laws governing the "Other Business Entity.")

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	314 E. Dania Beach Boulevard Suite 135					
	Dania Beach, FL 33004					
Mailing Address:	Same as above					
	e amount to which such n	has agreed to pay any members are entitled under sa	_			
Signed this <u>23</u>	day of Oct	•	, 20_15			
Signature:		mber or Authorized Representative	3			
Printed Name:\\	- ,	itte: Fiori Acp.	<u> </u>			
Fees: Filing Fee: Certified Cop Certificate of	•	Optional) ptional)	SECRET SALLAHA			

Page 2 of 2

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