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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

Office U	se Only	

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

	1 Southe	rn Villas Town	thomes Inc	P1400003673
	(CORPORATE NA	ME)	(DOCUN	MENT #)
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	Profit	Amendmen	ts	Annual Report
	Non-Profit	Resignation		Fictitious Name
	Limited Liability	Dissolution/	Withdrawal	Apostille:
Y	Other:	Other:		
^	Conversion			Other:
	Inc + LLC			

Examiners Initials

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: SOUTHERN VILLAS TOWNHOMES INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general purtnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIOA (Enter state, or if a non-U.S. emity, the name of the country)
on APRIL 23, 2014 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SOUTHERN VILLAS TOWNHOMES 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 all applicable statutes.

Page 1 of 2

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Signed this 17 day of OctoB∉R	20 <u>/4</u>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: YPrinted Name: PATRicio DE BRASI	Delseur Title: AMBR
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: TOTALLE DE MANI	u
Printed Name: TOTALE O DE ALAST	Title: (President)
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title;
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
II Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	

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SEGRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERNUILLAS TOWN HOMES
(Must end with the worlds "Lumited 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:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The United Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business comp with an active Florida registration.)

The name and the Florida street address of the registered agent are:

/38 SW 25 RD
Florida street address (P.O. Box NOT acceptable)

MIAMI 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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

<u>Title:</u>	•	Name and Address:
	R" = Authorized Member ' = Manager	
	M B R	PATRICIO DE BRASI
		138 3W 25 Rd
		MIAMI Fl. 33 129
		
		
(ilise arra	achmant if neweccens)	
ARTICLE V: I	achment if necessary) Effective date, if other than t date is listed, the date muster the date of filing.)	the date of filing: (OPTIONAL) at he specific and cannot be more than five business days prior
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ARTICLE V: II (If an effective of to or 90 days after ARTICLE VI: 0 REQUIT (In accordance constitutes a lamaware	Effective date, if other than that is listed, the date muster the date of filing.) Other provisions, if any. RED SIGNATURE: Signature of a membance with section 605.0203 an affirmation under the pethat any false information;	per or 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. Submitted in a document to the Department of State
ARTICLE V: II (If an effective of to or 90 days after ARTICLE VI: 0 REQUIT (In accordance constitutes a lamaware	Effective date, if other than the date is listed, the date muster the date of filing.) Other provisions, if any. RED SIGNATURE: Signature of a membrance with section 605.0203 an affirmation under the pethat any false information is a third degree felony as pro-	per or an authorized representative of a member. (1) (b). Florida Statutes, the execution of this document multies of perjury that the facts stated herein are true.

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