# L14000182894

(Re	equestor's Name)	<del></del>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #f)
	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	····
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
104-70ta Pos-59	7	
Pos - 59	038	

Office Use Only



100265735831

11/24/14--01002--022 \*\*160.00

14 NOV 24 PH 1: 30

14 NOV 24 PN 4: 30

Month

# **CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301 850-205-8842

FC GULFSTREAM PAR	in, inc. Fu	5000059038	*RE-SUBMIT*	
			Please retain original #	
	]		date of submission	20
() Nonprofit	() Amendment		() Merger	<b>100 TO THE OWNER</b>
()Domestic Corporation				
	() Dissolution/Withdra	ıwal	( ) Mark	
() Limited Partnership	() Reinstatement			
() LLC	() Annual Report		(X) Other Conversion	
	() Name Registration			
() Certified Copy	() Fictitious Name			
	() Photocopies		() CUS	
(x) Walk In			() After 4:30	
( ) Mail Out	() Will Wait	•	(x) Pick Up	
Name				
Availability	11/24/2014		Order#:	
Document			9354629	
Examiner	KM		D 411	
Updater			Ref#:	
Verifier W.P. Verifier				
<u></u>			Amount: \$	
	_			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2014

CT CORPORATION SYSTEM

SUBJECT: FC GULFSTREAM PARK LLC

Ref. Number: W14000070652

\*RE-SUBMIT\*
Please retain original filing date of submission

We have received your document for FC GULFSTREAM PARK 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.

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 214A000249695

# **COVER LETTER**

Division of	Corporations		
SUBJECT: FC Gul	fstream Park, Inc.		
	(Name	of Resulting Florida Limit	ed Company)
The enclosed Artic Business Entity" in	les of Conversion, Artito a "Florida Limited L	cles of Organization, action in a ciability Company" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all co	rrespondence concernit	ng this matter to:	
Laura O'Malley			
	(Contact Person)	,	
c/o The Stronach Grou	p Inc.		
	(Firm/Company)		
455 magna Drive			
	(Address)	· · · · · · · · · · · · · · · · · · ·	
Aurora Ontario Can	ada L4G 7A9		
	(City, State and Zip Code)		
laura.omalley@stronac	hgroup.com		
E-mail Address: (to	be used for future annual re	eport notifications)	
For further information	tion concerning this ma	atter, please call:	
Laura O'Malley		_at ( 905) 726-	7082
(Name of Con	tact Person)	(Area Code) (Day	vtime Telephone Number)
Enclosed is a check	for the following amou	int:	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	\$185.00 Fiting Fees. Certified Copy, and Certificate of Status
STREET ADDREST Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	MAILING A Registration S Division of C P. O. Box 63 Tallahassee,	Section Corporations 27
Tallahaccee El 303		· wiranadoe,	

INHS11 (02/14)

# A SOUTH AND SOUT

## 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" FC GULFSTREAM PARK, INC.	immediately prior to the filing of the Articles of Conversion is:
	Other Business Entity)
2. The "Other Business Entity" is a CORPOR	RATION
	ity type. Example: corporation, limited partnership, l partnership, common law or business trust, etc.)
First organized, formed or incorporated unde	er the laws of FLORIDA
APRIL 21, 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:
FC GULFSTREAM PARK LLC	
(Enter Name of Florida	Limited Liability Company)
4. If not effective on the date of filing, enter	the effective date: November 24, 2014
(The effective date: 1) cannot be prior to date this document is filed by the Florida l	date of receipt or filed date nor more than 90 days after the Department of State; <u>AND</u> 2) must be the same as the effective anization, if an effective date is listed therein.)
5. The plan of conversion has been approved	Lin accordance with all applicable statutes

Page 1 of 2

Signed this 24TH day of NOVEMBER	20 <u>14</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: JANE LYNN	Title: SECRETARY
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s).
Signature	Title SHCINETARY
Signature:Printed Name: JANE LYNN	Title: SICKETARY
Signature:	T
Printed Name:	little:
Signature:	
Signature: Printed Name:	Title:
Simplifie	
Signature:Printed Name:	Title
Timed Italie.	
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	NIM"
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc	
The Directors of Officers have not occur selected, an inc	orporator must sign.
If Florida General Partnership or Limited Liabilit	y Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

THE PLES

Page 2 of 2

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EC CHI ESTE	EAM PARK LLC			
re dollark	(Must end with the words "Limited L	iability Company, "	L.C.," or "LLC.")	
ARTICLE I	T. Addusses			
	1 - Address: address and street address of th	e principal offic	e of the Limited L	iability Company is:
_				. , .
Principal O	ffice Address:	Mailing A	Address:	
901 S. Federal	Highway	455 Magna	Drive	
Hallandale Bea	ich, FLA 33009	Aurora, Or	tario Canada L4G 7A9	
			·	
				3c - 5 - 9
The name an	d the Florida street address of t  C T Corporation System	he registered ag	ent are:	
The name an	C T Corporation System	he registered ag	ent are:	
The name an	C T Corporation System	ame	ent are:	
The name an	C T Corporation System	ame		
The name an	C T Corporation System  N  1200 South Pine Island Road  Florida street address (	ame i P.O. Box <u>NOT</u>	acceptable)	DE LES PROPERTIES
The name an	C T Corporation System N 1200 South Pine Island Road	ame		
The name an	C T Corporation System  N  1200 South Pine Island Road  Florida street address (	ame i P.O. Box <u>NOT</u>	acceptable)	STATE TO STATE

C T Corporation System

Connie Bryan

Registered Agent's Signature (REQUIRED); ISTANT Secretary

(CONTINUED)

Page 1 of 2

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	CDD A COMMEDICAL ENTER PRICES IN	10
AMBR	GPRA COMMERCIAL ENTERPRISES, IN 901 S. FEDERAL HIGHWAY	iC.
	HALLANDALE BEACH, FL 33009	
	TREEANDALE BEACH, FE 33009	
MGR	ALON OSSIP	
	455 MAGNA DRIVE	-
	AURORA, ONTARIO L4G 7A9	2
		\$ 7 300
MGR	JOHN SIMONETTI	\$17 - F
	455 MAGNA DRIVE	<b></b>
	AURORA, ONTARIO L4G 7A9	LG
MGR	BELINDA STRONACH	
	455 MAGNA DRIVE	
	AURORA, ONTARIO L4G 7A9	
effective date is listed, the date mu	the date of filing: NOVEMBER 24, 2014 . (ast be specific and cannot be more than five	
CLE V: Effective date, if other than		
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)		
CLE V: Effective date, if other than effective date is listed, the date mu days after the date of filing.)		
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CLE V: Effective date, if other than effective date is listed, the date mu days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ist be specific and cannot be more than five	business da
CLE V: Effective date, if other than effective date is listed, the date mud days after the date of filing.)  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mem accordance with section 605.0203	ber or an authorized representative of a med (1) (b), Florida Statutes, the execution of this	ember,
CLE V: Effective date, if other than effective date is listed, the date mud days after the date of filing.)  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mem in accordance with section 605.0203 institutes an affirmation under the provisions.	ber or an authorized representative of a med (1) (b), Florida Statutes, the execution of this enalties of perjury that the facts stated herein	ember. s document are true.
CLE V: Effective date, if other than effective date is listed, the date mud days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem accordance with section 605.0203 institutes an affirmation under the pin aware that any false information	ber or an authorized representative of a med (1) (b), Florida Statutes, the execution of this enalties of perjury that the facts stated herein submitted in a document to the Department of	ember. s document are true.
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Page 2 of 2

The name and address of each person authorized to manage and control the Limited Liability

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-