115000089148

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me) .
(Do	ocument Number)_
Certified Copies	_ Certificate	s of Status
Special Instructions to WISOSO 312		

Office Use Only



300272142193

04/24/15--01038--013 **180.00

COVER LETTER

SUBJECT: MELTZ	ER MANAGEMENT	CO., LLC			
	(Name	of Resulting Florida	Limite	d Company)	
				d fees are submitted to convert an ecordance with s. 605.1045, F.S.	"Other
Please return all corre	espondence concerning	g this matter to:			
PATTI K. BABKA					
	(Contact Person)				
COMITER SINGER	R BASEMAN & BRA	UN, LLP			
	(Firm/Company)				
3801 PGA BOULE	VARD, SUITE 604				
	(Address)		•		
PALM BEACH GA	RDENS, FL 33410				
((City, State and Zip Code)	-	•		
PBABKA@COMIT	ERSINGER.COM				
E-mail Address: (to b	e used for future annual re	port notifications)	•		
For further informati	on concerning this ma	-			
PATTI K. BABKA		_at (561	,626-	-2101	
(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)	
Enclosed is a check f	or 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 and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAIL	ING A	ADDRESS:	
Registration Section		•		Section	
Division of Corporat	ions			Corporations	
Clifton Building		P. O. B	OX OJ.	<i>21</i>	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

TO: Registration Section Division of Corporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2015

PATTI K. BABKA COMITER SINGER BASEMAN & BRAUN, LLP 3801 PGA BOULEVARD, SUITE 604 PALM BEACH GARDENS, FL 33410

SUBJECT: MELTZER MANAGEMENT CO., LLC

Ref. Number: W15000031211

We have received your document for MELTZER MANAGEMENT CO., LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note 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.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P04000046542 MELTZER MANAGEMENT CORP..

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.

Stacey M Mason Regulatory Specialist II

Letter Number: 415A00009088

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ELTZER MANAGEMENT CO., LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a limited liability company
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	est organized, formed or incorporated under the laws of Maryland
on	5/29/2001 (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:
	MELTZER MANAGEMENT OF FLORIDA CO., LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
da	he effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the te this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective te 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.

	Signed this day of April	_ 20 <u>.15</u>
	Signature of Authorized Representative of Limi	ted Liability Company:
	Signature of Authorized Representative:	M ~
>	Printed Name: Alan Meltzer	Title: Manager
	Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
/	Signature:	
	Printed Name: Alan Meltzer	Title: Manager
	Signature:Printed Name:	_ Title:
	Signature:Printed Name:	Title
	Signature: Printed Name:	
	Printed Name:	Title:
	Signature:	
	Signature: Printed Name:	Title:
	Signature:	
	Signature:Printed Name:	
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.
	If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ly Limited Partnership:
	All others: Signature of an authorized person.	
	Fees:	
	Articles of Conversion:	\$25.00
	Fees for Florida Articles of Organization:	\$125.00
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MELTZER MANAGEMENT OF FLO Must end with the words "Limited	RIDA CO., LLC Liability Company, "L.L.C.," or "LLC.")
(Musi elle William Words Eliminet	Entering Company, E.B.C., Or EEC.
ARTICLE II - Address:	
The mailing address and street address of t	he principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
1000 Corporate Drive, Suite 110	1000 Corporate Drive, Suite 110
Ft. Lauderdale, FL 33334	Ft. Lauderdale, FL 33334

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

RICHARD B. COMTER
Name

3801 PGA BOULEVARD, SUITE 604

Florida street address (P.O. Box NOT acceptable)

PALM BEACH GARDENS FL 33410

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

	Authorized Member	Name and Address:
" MGR " = Ma		AL ANIMEL TZED
MGR		ALAN MELTZER
		1000 Corporate Drive, Suite 110 Ft. Lauderdale, FL 33334
		1-t. Education, 1 E 30004
• •	• • • • • • •	· · · · · · · · · · · · · · · · · · ·
		·
		
LE V: Effect	ent if necessary)	e date of filing: (OPTIONA)
LE V: Effect fective date i days after th LE VI: Other	ive date, if other than the	be specific and cannot be more than five business d
LE V: Effect fective date days after th LE VI: Other	ive date, if other than the is listed, the date must be date of filing.) provisions, if any.	be specific and cannot be more than five business d
LE V: Effect fective date days after th LE VI: Other	ive date, if other than the is listed, the date must be date of filing.) provisions, if any. SIGNATURE:	be specific and cannot be more than five business d
LE V: Effect fective date days after th LE VI: Other REQUIRED	ive date, if other than the is listed, the date must be date of filing.) provisions, if any. SIGNATURE:	be specific and cannot be more than five business d
LE V: Effect fective date days after th LE VI: Other REQUIRED	ive date, if other than the is listed, the date must be date of filing.) provisions, if any. SIGNATURE:	r or an authorized representative of a member.
LE V: Effect fective date fective date days after th LE VI: Other REQUIRED accordance v stitutes an after aware that a	sive date, if other than the is listed, the date must be date of filing.) provisions, if any. SIGNATURE: Signature of a member with section 605.0203 (Internation under the penalty false information su	be specific and cannot be more than five business d
LE V: Effect fective date fective date days after th LE VI: Other REQUIRED accordance v stitutes an after aware that a	sive date, if other than the is listed, the date must be date of filing.) provisions, if any. SIGNATURE: Signature of a member with section 605.0203 (Internation under the penalty false information su	r or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. Ibmitted in a document to the Department of State ided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)