# LIS000158361

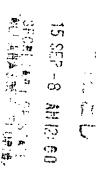
(Requestor's Name)	···
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	· · · · · ·
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	

Office Use Only



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**SEP 18 2015 W PAINTER** 

#### **COVER LETTER**

TO: Registration Division of O					
	•				
SUBJECT: A Berlin	(Name	of Resulting Florid	la Limite	ed Company)	—
	es of Conversion, Artic a "Florida Limited Li				
Please return all corr	respondence concernin	g this matter to			
Adrienne Berliner					
	(Contact Person)				
A Berliner LLC					
	(Firm/Company)				
1800 S Ocean Blvd 1212	2				
	(Address)		_		
Pompano Beach FL 330	62				
	City, State and Zip Code)		<del></del>		
ab1800ab@gmail.com					
E-mail Address: (to b	be used for future annual re	port notifications)			
For further informati	ion concerning this ma	tter, please call	:		
Adrienne Berliner		at ( <sup>954</sup>	782-0	0125	
(Name of Cont	act Person)	(Area Cod	(Day	ytime Telephone Number)	
Enclosed is a check	for the following amou	int:			
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	**** <b>5</b>
STREET ADDRES Registration Section				ADDRESS: Section	5

**Division of Corporations** 

Tallahassee, FL 32314

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO:

### **Articles of Conversion**

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

A Berliner PA  (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a A Berliner LLC	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
06/21/2015 (Enter state, or it a non-U.S. entity, the	name of the country)
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic  A Berliner LLC  (Enter Name of Florida Limited Liability Company)	cles of Organization:
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 date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed ther Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	same as the effective ein.)
5. The plan of conversion has been approved in accordance with all applicable statutes.	en Con
Page 1 of 2	

Signed this 2nd day of Septemb	ber 20_15 .
Signature of Authorized Represent	tative of Limited Liability Company:
	ive: <u>Idricial Serliner</u> Title: Manager
Signature of Authorized Representati	ive: harman postures
Printed Name: Adrienne Berliner	Title: Manager
Signature(s) on behalf of Other Busi	iness Entity: [See below for required signature(s)]
Signature: Muenne Serie	Title: President
Printed Name: Adrienne Berliner	Title: President
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Printed Name	Title:
rimed Name.	THIC.
Signature:	Title:
Printed Name:	Title:
Signature	
Printed Name	Title:
<u> If Florida Corporation:</u>	
Signature of Chairman, Vice Chairmai	
If Directors or Officers have not been	selected, an Incorporator must sign.
If Florida General Partnership or L	imited I jahility Partnershin
Signature of one General Partner.	inited Endomey 1 of the 1 suip.
	imited Liability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
orgination of all additionzed person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
A Berliner LLC	,
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1800 S Ocean Blvd 1212	same
Pompano Beach Fl 33062	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the reaction Adrienne Berliner	ered Agent. You must designate an individual or another
Name	
1800 S Ocean Blvd 1212	
Florida street address (P.O.	Box NOT acceptable)
Pompano Beach	FL 33062
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, F.S
CONTIN	HEDY

Page 1 of 2

A	RTI		E	IV
/1	ки	IU . E	, M.	1 V -

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

"AMRR" = Authorized Mansher		
"AMBR" = Authorized Member		
"MGR" = Manager		
Manager	Adrienne Berliner	<u> </u>
	1800 S Ocean Blvd 1212	
	Pompano Beach FL 33062	
		<del></del> .
		<u></u>
		<del></del>
		· · · · · · · · · · · · · · · · · · ·
		··-··
TICLE V: Effective date, if other than the confective date is listed, the date must be		(OPTIONAL) ive business days p
n effective date is listed, the date must be 90 days after the date of filing.)  If the date inserted in this block does not meet the	e specific and cannot be more than fi	ive business days p
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Page 2 of 2

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)