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•		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
<u></u>	and Niverbank	
(DC	ocument Number)	
Certified Copies	ertified Copies Certificates of Status	
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

10.	Division of C				
SUBJ	ECT: STATION	N 555, LLC			
		(Name	of Resulting Florida	Limite	d Company)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to:		
ADAM	GOLDEN, ESQ				
		(Contact Person)		-	
		(Firm/Company)		-	
1175 N	E 125TH ST, SU				
MIAM	I, FL 33161	(Address)			
		City, State and Zip Code)		-	
——————————————————————————————————————	nail Address: (to b	e used for future annual re	port notifications)	-	
For fu	rther information	on concerning this ma	tter, please call:		
CESAF	RE MAZZOLI		_at (⁷⁸⁶) ⁴⁴³¹³	353
	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)
Enclos	sed is a check f	or the following amou	int:		
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regist Divisi Clifto 2661	ET ADDRESS ration Section on of Corporate n Building Executive Cent assee, FL 3230	ions er Circle	Registi Divisio P. O. E	ation (on of C ox 63	ADDRESS: Section Corporations 27 FL 32314

INHS11 (06/15)

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 Convers STATION 555, INC.	sion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
9/10/2010	untry)
on (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Orga STATION 555, LLC	nization:
(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 affect date this document is filed by the Florida Department of State; AND 2) must be the same as the date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	e effective
5. The plan of conversion has been approved in accordance with all applicable statutes.	

Signed this \(\frac{\fir}{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}{\firigita}}}}{\frac{\fir\f{\frac{\frac{\frac{\fra	20	********
Signature of Authorized Representative of Limit	• -	
Signature of Authorized Representative:	Title: Paraler	
Signature(s) on behalf of Other Business Entity: 15	See below for required signature(s)	
Signature:	CTitle: INCORPORETER	
Signature:Printed Name:		٠ ان
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	12: 21
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan			
The name of the Li	mited Liability Company is:		
			~ <u>5</u>
STATION 555, LLC			<u></u> , 등
(Mu	st end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	l dunant		44.
The mailing address	saress: ss and street address of the pri	nainal affice of the Limited	Tiskiikii Callianiia
The maning addres	is and succe address of the pri	ncipal office of the Limited	Liability Company is:
Principal Office A	ddress:	Mailing Address:	2
5580 NE 4TH COURT	Γ, #6	5580 NE 4TH COURT, #6	7
MIAMI, FL 33137		MIAMI, FL 33137	 ,
·	nctive Florida registration.) Florida street address of the re ADAM GOLDEN, ESQ.	egistered agent are:	
	Name		
1175 NE 125TH ST, SUITE 512			
	Florida street address (P.O.	Box NOT acceptable)	
	MIAMI	FL 33161	
	City	Zip	
liability compoured registered agent of statutes relating	ned as registered agent and to any at the place designated in and agree to act in this capaci g to the proper and complete p ligations of my position as reg	this certificate, I hereby acc ty. I further agree to comply erformance of my duties, and	ept the appointment as with the provisions of all I am familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person	a aumorized to manage and control to	`
Company:		5 0
Title	Name and Address:	6
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	200
"MGR" = Manager		
MGR — Manager	CESARE MAZZOLI	A market
MON	700 NE 25TH ST, UNIT 1002	-: 155
	MIAMI, FL 33137	
	WITHIN, 1 12 33 137	man a h
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than th	e date of filing:	(OPTIONAL)
If an effective date is listed, the date must	be specific and cannot be more tha	an five business days prior
o or 90 days after the date of filing.) Note: If the date inserted in this block does not meet	the applicable statutom. Slice maniscreaments	this data will and by the standard to
ocument's effective date on the Department of State	's records.	this date will not be listed as the
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
		
(01. 111.		
Signature of a member	er or an authorized representative	of a mamban
Signature of a member This document is executed in a	er or an authorized representative accordance with section 605.0203 (1) (b), Floration submitted in a document to the Depart	orida Statutes.

Typed or printed name of signee

Filing Fees

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

Page 2 of 2