# U5000213603

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	)
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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gull House No. 7, LL	С			
· • • • • • • • • • • • • • • • • • • •				
				Art of Inc. File
	· · · · · · · · · · · · · · · · · · ·			LTD Partnership File
				Foreign Corp. File
				L.C. File
			l	Fictitious Name File
		i		Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
	•	•		Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
	,			Corp Record Search
		!		Officer Search
		l		Fictitious Search
Signature				Fictitious Owner Search
			<u> </u>	Vehicle Search
<b></b>				Driving Record
Requested by: SETH	12/30			UCC I or 3 File
Name	Date	Time		UCC 11 Search
Hailic	Date	THE		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

#### **COVER LETTER**

TO:	Registration and Division of C				
SUBJ	ECT: Gull Hou	se No. 7, LLC			
5020			of Resulting Florida	Limite	d Company)
The en	nclosed Article ess Entity" into	s of Conversion, Artic a "Florida Limited L	cles of Organization	on, an " in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:		
Aileen	Ortega				
		(Contact Person)			
Larrea &	& Ortega				
		(Firm/Company)			
150 Alb	nambra Circle, Su	ite 950			
		(Address)			
Coral G	ables, Florida 33				
	((	City, State and Zip Code)			
vivian@	gcanteratax.com				
E-m	ail Address: (to b	e used for future annual re	port notifications)		
For fur	ther information	on concerning this ma	tter, please call:		
Aileen (	Ortega		_at ( <sup>305</sup>	476-8	701
	(Name of Conta	ct Person)	(Area Code)	(Day	701 time Telephone Number)
Enclose	ed is a check f	or the following amou			
(\$25 for	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		△\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Registr Divisio Clifton 2661 E	ET ADDRESS ration Section on of Corporati Building executive Center assee, FL 3230	ons er Circle	Registra Division P. O. Bo	tion S of Co x 632	orporations

### **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 Busines Gull House Limited No. 7	s Entity" immediately prior to the filing of the Articles	of Conversion is:
	er Name of Other Business Entity)	
2. The "Other Business Entity" is a	Limited Partnership	
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorpora	ated under the laws of Florida	
May 21, 1992	(Enter state, or if a non-U.S. entity, the na	ime of the country)
(date of organization, formation or inc	orporation)	
3. The name of the Florida Limited	Liability Company as set forth in the attached Article	es of Organization:
Gull House No. 7, LLC		
(Enter Name	of Florida Limited Liability Company)	
4. If not effective on the date of fili	ng, enter the effective date:	
date this document is filed by the date listed in the attached Articles	prior to date of receipt or filed date nor more than selection of State; AND 2) must be the selection of State; AND 2) must be the selection of Organization, if an effective date is listed thereis is not meet the applicable statutory filing requirements, this date went of State's records.	ame as the effective n.)
5. The plan of conversion has been	approved in accordance with all applicable statutes.	and the second

Signed this 30th day of December	20 15			
Signature of Authorized Representative of Lim	ited Liability Company:			
Signature of Authorized Representative: 2.3.1.  Printed Name: Lidia Cartaya	Title V President of Investments of America No.	1, Inc		
Signature(s) on behalf of Other Business Entity:				
Signature: Lidia Cartaya				
Printed Name: Lidia Cartaya	Title: Manager			
Signature:Printed Name:				
Printed Name:	Title:			
Signature: Printed Name:	m'a			
Printed Name:	Title:			
Signature: Printed Name:				
Printed Name:	Title:			
Signature:Printed Name:	mu.			
Printed Name:	Title:			
Signature:Printed Name:				
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer			
If Directors or Officers have not been selected, an Inc				
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.	ty Limited Partnership:	17 m	ω <b>ξ</b> ι ε <sub>ε</sub> ξ	
All others: Signature of an authorized person.				
Fees:			TO CX	1.5
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		N 07	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ited Liability Company	
Gull House No. 7, LLC		
(Must	end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addı The mailing address a		principal office of the Limited Liability Company is
Principal Office Add	dress:	Mailing Address:
150 Alhambra Circle, Sui	ite 800	150 Alhambra, Circle, Suite 800
Coral Gables, Florida 33    ARTICLE III - Reg	istered Agent, Registe	150 Alhambra, Circle, Suite 800  Coral Gables, Florida 33134  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
Coral Gables, Florida 33  ARTICLE III - Regi (The Limited Liability Comp business entity with an activ	istered Agent, Registe	Coral Gables, Florida 33134  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
(The Limited Liability Computers entity with an activity of the name and the Flo	istered Agent, Registe pany cannot serve as its own Reve Florida registration.)	Coral Gables, Florida 33134  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
ARTICLE III - Regi The Limited Liability Compusiness entity with an action	istered Agent, Registe pany cannot serve as its own Reve Florida registration.) prida street address of the	Coral Gables, Florida 33134  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
ARTICLE III - Reg (The Limited Liability Comp business entity with an acti The name and the Flo	istered Agent, Registe pany cannot serve as its own Reve Florida registration.) prida street address of the	Coral Gables, Florida 33134  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
ARTICLE III - Reg (The Limited Liability Comp business entity with an acti The name and the Flo	istered Agent, Registe pany cannot serve as its own Reve Florida registration.) prida street address of the &K Realty Group, LLC Na	Coral Gables, Florida 33134  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
ARTICLE III - Reg The Limited Liability Comp business entity with an activ The name and the Flo  Sc  15	istered Agent, Registe pany cannot serve as its own Reve Florida registration.) prida street address of the &K Realty Group, LLC Na	Coral Gables, Florida 33134  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another  e registered agent are:

d 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

<u>Title:</u> "AMBR" = Authorized Member.	Name and Address:			
"MGR" = Manager Lidia Cartaya MGR	150 Alhambra Circle, Suite 800 Coral Gables, Florida 33134	_		
		<u> </u>		
		_ <b>_</b>		
		<del></del>		
		_ _ _		
(Use attachment if necessary)				
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)  Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	pplicable statutory filing requirements, this date will n			
ARTICLE VI: Other provisions, if any.		PATE	경 _국	
				٠.
				1
REQUIRED SIGNATURE:	a	. 41 141	22 ₹	•
This document is executed in accord	an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes, submitted in a document to the Department of State rovided for in s.817.155, F.S.		<u>}</u> 7	
Lidia Cartaya, President of Inve				
Typed	or printed name of signee Filing Fees			
\$ 30.00 Certified Copy (Optional)	ganization and Designation of Registered \$ 5.00 Certificate of Status (Option	_	į	
I	Page 2 of 2			

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

ARTICLE IV-

Company: