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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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		12.1 (20)
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Certified Copies	_ Certificates	s of Status
Consist Instructions to	Filing Officer	
Special Instructions to	riling Officer:	

Office Use Only



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EFFECTIVE DATE

2015 DEC 29 FM 4: 24

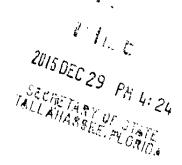
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TO DEPOLATE

COVER LETTER,

то:	Registration S Division of C				
SUBJ	ECT: HS - Livi	ngston LLC			
000			of Resulting Florida I	.imite	d Company)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:		
Edwar	d W. Schroll				
		(Contact Person)			
Genov	a Burns LLC				
400 4 500		(Firm/Company)			
494 B	road Street				
		(Address)			
Newar	k, New Jersey 071				
1		City, State and Zip Code)			
	II@genovaburns.c	om e used for future annual re			
For fi	irther informati	on concerning this ma	tter, please call:		
Edwar	d Schroll		at (⁹⁷³)	533-	0777 time Telephone Number)
	(Name of Conta	et Person)	(Area Code)	(Day	time Telephone Number)
Enclo	sed is a check t	or the following amou	int:		
(\$25 fc & \$12:	0.00 Filing Fees or Conversion 5 for Articles anization)	□\$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
STRI	EET ADDRES	S:	MAILI	NG A	ADDRESS:
Regis	tration Section		Registra	tion !	Section
	ion of Corporat n Building	ions	Divisior P. O. Bo		Corporations 27
	n isunding Executive Cent	er Circle			27 FL 32314
	iassee, FL 323			•	

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 Busin HS - Livingston LLC	ess Entity" immediately prior to the filing of the Articles	of Conversion is:
	inter Name of Other Business Entity)	_
2. The "Other Business Entity" is	Limited Liability Company	EFFECTIVE DATE
,,	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorp	orated under the laws of New Jersey	
April 16, 2014	(Enter state, or if a non-U.S. entity, the na	me of the country)
on (date of organization, formation or i	incorporation)	
3. The name of the Florida Limit HS - Livingston LLC	ed Liability Company as set forth in the attached Article	es of Organization:
(Enter Nar	ne of Florida Limited Liability Company)	
4. If not effective on the date of	filing, enter the effective date: January 1, 2016	
date this document is filed by the date listed in the attached Artic	be prior to date of receipt or filed date nor more than the Florida Department of State; AND 2) must be the states of Organization, if an effective date is listed thereis loss not meet the applicable statutory filing requirements, this date without of State's records.	ame as the effective n.)
5. The plan of conversion has been	en approved in accordance with all applicable statutes.	

Page 1 of 2

Signed this 21. day of December	20_15
Signature of Authorized Representative of Li	nited Liability Company:
Signature of Authorized Representative:Printed Name: Kenneth S. Silbert	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Kenneth S. Silbert	Title: Manager
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, an	
If Florida General Partnership or Limited Liab Signature of one General Partner.	ility Partnership:
If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	ility Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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

HS - Livingston LLC	·
(Must end with the words "Li	imited Liabitity Company, "L.I., C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
26 Old Dutch Road, Warren, NJ 07059	26 Old Dutch Road, Warren, NJ 07059
business entity with an active Florida registration The name and the Florida street addre <u>CT Corporation Syste</u>	ss of the registered agent are:
The name and the Florida street addre	ss of the registered agent are:
The name and the Florida street addre	ss of the registered agent are:
The name and the Florida street addre	ss of the registered agent are:
The name and the Florida street addre	ss of the registered agent are: m Name ad Road dress (P.O. Box NOT acceptable) FL 33324
The name and the Florida street address CT Corporation System 1200 South Pine Islan Florida street address control of the Florida street address c	ss of the registered agent are: m Name ad Road dress (P.O. Box NOT acceptable) FL 33324

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Kenneth S. Silbert
MGR	26 Old Dutch Road, Warren, NJ 07059
	20 Old Dutch Road, Wallen, N. 07005
MGR	Jeff Silbert
WGK	10 Partridge Run, Holmdel, NJ 07733
	10 Tuttinge Rai, Hollinder, 13 07133
·	- 11. MARIE 11.
· · · · · · · · · · · · · · · · · · ·	
LE V: Effective date, if other that fective date is listed, the date m	n the date of filing: January 1, 2016 . (OPTIONAL ust be specific and cannot be more than five business dates
ffective date is listed, the date m days after the date of filing.)	ust be specific and cannot be more than five business dancet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) the date inserted in this block does not not seffective date on the Department of Section 1.	ust be specific and cannot be more than five business dancet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other than fective date is listed, the date medays after the date of filing.) he date inserted in this block does not not seffective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a median decomposition of the document is executed I am aware that any false in	ust be specific and cannot be more than five business dancet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other than fective date is listed, the date medays after the date of filing.) the date inserted in this block does not not seffective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a median median median is executed and aware that any false in	mber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State

Page 2 of 2

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

ARTICLE IV-