L16000073510

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| RECEIVED MAR 1 4 RECTO |



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Office Use Only

W16-21314

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COVER LETTER

| SUBJECT: Smart Living Projects, LLC (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Roberto Ponce (Contact Person) Smart Living Projects, LLC (Firm/Company) 702 Concordia St., 2nd Floor (Address) San Juan, PR 00907 (City, State and Zip Code) rponce@smartlivingprojects.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Roberto Ponce (Name of Contact Person) Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc | Division of C | orporations | | | |
|--|---|-----------------------------|----------------------|--------|-------------------------|
| (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Roberto Ponce (Contact Person) Smart Living Projects, LLC (Firm/Company) 702 Concordia St., 2nd Floor (Address) San Juan, PR 00907 (City, State and Zip Code) rponce@smartlivingprojects.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Roberto Ponce (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount: S150.00 Filing Fees and Certificate of Status S125 for Articles Status (S25 for Conversion and Certificate of Status Organization) STREET ADDRESS: Registration Section Division of Corporations Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all corresponted with s. 605.1045, F.S. (Contact Person) (Address) San Juan, PR 00907 (City, State and Zip Code) (City, State and Zip Code) (Contact Person) (Address) San Juan, PR 00907 (City, State and Zip Code) (Contact Person) (Address) San Juan, PR 00907 (City, State and Zip Code) (Contact Person) (City, State and Zip Code) (Contact Person) (Address) San Juan, PR 00907 (City, State and Zip Code) (Contact Person) (City, State and Zip Code) (City, State and Zip Code) (Contact Person) (Address) San Juan, PR 00907 (City, State and Zip Code) (Contact Person) (Address) San Juan, PR 00907 (City, State and Zip Code) (City, | SURIECT: Smart Liv | ing Projects, LLC | | | |
| Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Roberto Ponce (Contact Person) Smart Living Projects, LLC (Firm/Company) 702 Concordia St., 2nd Floor (Address) San Juan, PR 00907 (City, State and Zip Code) rponce@smartlivingprojects.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Roberto Ponce (Name of Contact Person) Enclosed is a check for the following amount: \$\begin{array}{ c c c c c c c c c c c c c c c c c c c | | (Name | of Resulting Florida | Limite | d Company) |
| Roberto Ponce (Contact Person) Smart Living Projects, LLC (Firm/Company) 702 Concordia St., 2nd Floor (Address) San Juan, PR 00907 (City, State and Zip Code) rponce@smartlivingprojects.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Roberto Ponce (Name of Contact Person) Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc | | | | | |
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| Smart Living Projects, LLC (Firm/Company) 702 Concordia St., 2nd Floor (Address) San Juan, PR 00907 (City, State and Zip Code) rponce@smartlivingprojects.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Roberto Ponce at (787)725-8011 (Name of Contact Person) Enclosed is a check for the following amount: \$\ill_{\text{\$15}}\$\$\$ \$155.00 Filing Fees and Certificate of Status of Organization) STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 | Roberto Ponce | | | | |
| (Firm/Company) 702 Concordia St., 2nd Floor (Address) San Juan, PR 00907 (City, State and Zip Code) rponce@smartlivingprojects.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Roberto Ponce (Name of Contact Person) Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc | | (Contact Person) | | | |
| City, State and Zip Code | Smart Living Projects, L | LC | | | |
| San Juan, PR 00907 (City, State and Zip Code) rponce@smartlivingprojects.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Roberto Ponce at (787) 725-8011 (Name of Contact Person) Enclosed is a check for the following amount: \$\insertarrow\$\$ \$\frac{1}{3}\$\$ \$ | 7.1741 | (Firm/Company) | | | |
| City, State and Zip Code | 702 Concordia St., 2nd F | Floor | | | |
| (City, State and Zip Code) rponce@smartlivingprojects.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Roberto Ponce at (787)725-8011 (Name of Contact Person) Enclosed is a check for the following amount: \$\int_{\text{state}}^{\text{25}} \text{ for Conversion} \text{ and Certificate of Status} \text{ S155.00 Filing Fees and Certificate of Status} \text{ Certificate of Status} \text{ Certificate of Status} \text{ S125 for Articles Status} S125 for Articles S | | (Address) | | | |
| E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Roberto Ponce at (787)725-8011 (Name of Contact Person) Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} | San Juan, PR 00907 | | | | |
| E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Roberto Ponce at (787) 725-8011 (Name of Contact Person) Enclosed is a check for the following amount: \$\frac{1}{2}\$\$\$ \$150.00 \text{ Filing Fees} \frac{1}{2}\$ | ((| City, State and Zip Code) | | | |
| For further information concerning this matter, please call: Roberto Ponce at (787) 725-8011 (Name of Contact Person) Enclosed is a check for the following amount: \$\frac{1}{2}\$\$ \$150.00 Filing Fees (\$25 for Conversion & and Certificate of Status of Organization) \$\frac{1}{2}\$\$ \$185.00 Filing Fees and Certificate of Status \$\frac{1}{2}\$\$ \$185.00 Filing Fees & Certified Copy & Certificate of Status \$\frac{1}{2}\$\$ \$185.00 Filing Fees & Certified Copy, and Certificate of Status \$\frac{1}{2}\$\$ \$185.00 Filing Fees & Certified Copy & Certificate of Status \$\frac{1}{2}\$\$ \$185.00 Filing Fees & Certified Copy & Certified Copy, and Certificate of Status \$\frac{1}{2}\$\$ \$185.00 Filing Fees & Certified Copy & Certified Copy & Certificate of Status \$\frac{1}{2}\$\$ \$185.00 Filing Fees & Certified Copy & Certified Copy & Certified Copy & Certified Copy & Certificate of Status \$\frac{1}{2}\$\$ \$185.00 Filing Fees & Certified Copy & C | rponce@smartlivingproj | ects.com | | | |
| Roberto Ponce at (787) 725-8011 (Name of Contact Person) Enclosed is a check for the following amount: \$\Bigsize \text{3150.00 Filing Fees} \text{ \$\sigma \text{3185.00 Filing Fees} \text{ and Certified Copy} \text{ \$\cent{Certified Copy, and Certificate of Status} \text{ \$\cent{Certificate of Status} \text{ \$\cent{Certificate of Status} \text{ \$\cent{Certificate of Copy and Certificate of Status} \text{ \$\cent{Certificate of Status} \text{ \$\cent{Certificate of Status} \text{ \$\cent{Certificate of Copy and Certificate of Status} \text{ \$\cent{Certificate of Copy and Certificate of Status} \text{ \$\cent{Certificate of Status} \ | E-mail Address: (to b | e used for future annual re | port notifications) | | |
| (Name of Contact Person) Enclosed is a check for the following amount: \$\begin{array}{ c c c c c c c c c c c c c c c c c c c | For further information | on concerning this ma | tter, please call: | | |
| (Name of Contact Person) Enclosed is a check for the following amount: \$\Bigsize \text{\$150.00 Filing Fees} \text{\$155.00 Filing Fees} \text{\$180.00 Filing Fees} \text{\$185.00 Filing Fees} \text{\$25 for Conversion} \text{\$and Certified Copy} \text{\$Certified Copy, and Certificate of Status} \text{\$Certificate of Status} \text{\$MAILING ADDRESS:} \text{\$Registration Section} \text{\$Prescription of Corporations} \text{\$Division of Corporations} \text{\$Prescription Section} \text{\$Prescription Section} \text{\$Prescription Section} \text{\$Prescription Section} \text{\$Prescription Section} \text{\$Prescription Section} \text{\$Prescription Section} \text{\$Prescription Section} \text{\$Prescription Section} \text{\$Prescription Section} \text{\$Prescription Section} \q | Roberto Ponce | | at (⁷⁸⁷ | 725-8 | 3011 |
| \$150.00 Filing Fees (\$25 for Conversion & and Certificate of Status of Organization) \$125 for Articles of Status \$125 for Articles | (Name of Conta | ct Person) | | (Day | rtime Telephone Number) |
| (\$25 for Conversion and Certificate of & and Certified Copy & Certified Copy, and & \$125 for Articles & Status & Certificate of Status & Certificate o | Enclosed is a check f | or the following amou | ınt: | ê. | |
| Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 6327 | (\$25 for Conversion & \$125 for Articles | and Certificate of | | | Certified Copy, and |
| Division of Corporations Clifton Building Division of Corporations P. O. Box 6327 | STREET ADDRESS | S: | MAILI | NG A | ADDRESS: |
| Clifton Building P. O. Box 6327 | | | | | |
| | | ions | | | |
| | | er Circle | | | |

Tallahassee, FL 32301



March 22, 2016

ROBERTO PONCE 702 CONCORDIA ST., 2ND FLOOR SAN JUAN, PR 00907

SUBJECT: SMART LIVING PROJECTS, LLC

Ref. Number: W16000021314

We have received your document for SMART LIVING PROJECTS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

Letter Number: 216A00005835

Maryanne Dickey Regulatory Specialist II

www.sunbiz.org

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

16 APR IL AMO

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 Smart Living Projects, LLP | ss Entity" immediately prior to the filing of the Articles of Conversion is: |
|---|---|
| | ter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a | Limited Liability Partnership |
| | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorpor | rated under the laws of Commonwealth of Puerto Rico (Enter state, or if a non-U.S. entity, the name of the country) |
| Maich 20, 2015 | |
| on (date of organization, formation or inc | corporation) |
| | d Liability Company as set forth in the attached Articles of Organization: |
| Smart Living Projects, LLC | of Florida Line in a Line in a Community |
| 4. If not effective on the date of fil (The effective date: 1) cannot be date this document is filed by the date listed in the attached Article | ling, enter the effective date: prior to date of receipt or filed date nor more than 90 days after the efforida Department of State; AND 2) must be the same as the effective es of Organization, if an effective date is listed therein.) es not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records. |
| 5. The plan of conversion has been | approved in accordance with all applicable statutes. |

Page 1 of 2

| Signed this 1 day of March | 20_16 |
|---|---|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| | ater |
| 5.6. attace of . tathorized Representative. | |
| Printed Name: Roberto Ponce | Title: Managing Partner |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: | too pero vior required signature(0) |
| Signature: | ro: 1 Marin P |
| Printed Name: Roberto Ponce | Title: Managing Partner |
| Signature: | |
| Signature:Printed Name: | Title: |
| | 11000 |
| Signature: | |
| Printed Name: | Title: |
| 0. | |
| Signature:Printed Name: | T'11 |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| If Florido Compandions | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or | Officer |
| If Directors or Officers have not been selected, an In | |
| Directors of Ciffeeto have not been selected, an in | Corporator must sign. |
| If Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | |
| | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of ALL General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| r sees | |
| Fees: | |
| | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certificate of Status: | \$30.00 (Optional) \$5.00 (Optional) |
| i ertiticate of Statuc | NO DEL CERTIFICATION |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | is: | |
|--|---|---------------|
| The hame of the Ellinted Blacking Company | is: | دي.» بار د |
| | PR PR | 7.1 |
| Smart Living Projects, LLC | | 1 Property |
| (Must end with the words "Limited I. | iability Company, "L.L.C.," or "LLC.") | T |
| ADTICLE II Adduses. | e principal office of the Limited Liability Company | |
| The mailing address and street address of the | ے ہے۔ Principal office of the Limited Liability Company | سيما زون |
| The maning address and street address of the | Spring of the Ellines Ellines Ellines Ellines |)) |
| Principal Office Address: | Mailing Address: | |
| | | |
| 11241 NW 79 LANE | 11241 NW 79 LANE | |
| MIAMI, FL 33178 | MIAMI, FL 33178 | |
| ARTICLE III - Registered Agent, Registe | | |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R | MIAMI, FL 33178 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another | |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own B business entity with an active Florida registration.) | MIAMI, FL 33178 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the WEBER, JASON H, ESQ. | MIAMI, FL 33178 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the WEBER, JASON H, ESQ. | MIAMI, FL 33178 ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of to WEBER, JASON H, ESQ. NONE NE 2ND AVE, STE. 2 | MIAMI, FL 33178 ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of to WEBER, JASON H, ESQ. NONE NE 2ND AVE, STE. 2 | MIAMI, FL 33178 ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: ame | |

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

| "AMBR" = Authorized Member | Name and Address: | 5 |
|---|--|------------|
| "MGR" = Manager | | |
| MGR | ROBERTO PONCE-GOMEZ | APR |
| | 702 CONCORDIA ST., 2ND FLOOR | 150 mm |
| | SAN JUAN, PR 00907 | 5 * |
| MCD | 7 | MANUE OZ |
| MGR | SERGIO CERCOS-RODRIGUEZ | |
| | MUNTANER 66, 4-2 | in t |
| | BARCELONA, ES 08011 | |
| | | _ |
| | | - |
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| (Use attachment if necessary) LEV: Effective date if other than the | date of filing: (OPTIC | nnai n |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) | the applicable statutory filing requirements, this date will not specific. | ess day |
| CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet to the date of the Department of State's | he specific and cannot be more than five busing the applicable statutory filing requirements, this date will no | ess day |
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| CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet to the date on the Department of State of ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in account of the date | he specific and cannot be more than five busines the applicable statutory filing requirements, this date will not specific and cannot be more than five business that specific and cannot be more than five business and the applicable statutory filing requirements, this date will not specific and cannot be more than five business and the applicable statutory filing requirements, this date will not specific and cannot be more than five business and the applicable statutory filing requirements, this date will not specific and cannot be more than five business and the applicable statutory filing requirements, this date will not specific and the applicable statutory filing requirements. | ess day |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-