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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

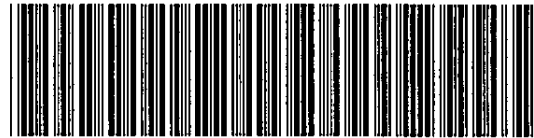
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/20/16--01028--010 **25.00

09/30/16--01002--001 **125.00

2016 SEP 27 PM 4:16
RECEIVED
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STATE OF NEW YORK

[Handwritten signature] 9/27

Milligan, Michelle

From: David Simon <dfsimon@simoncpa.net>
Sent: Friday, September 30, 2016 3:33 PM
To: Milligan, Michelle
Subject: Release of name

Ms. MICHELLE MILLIGAN
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Conversion of Allsafe Warehouse Assoc. (a Florida general partnership) to
Allsafe Warehouse, LLC (a Florida limited liability company)

Dear Ms. Milligan:

As we discussed on the phone this morning, I have dissolved Allsafe Warehouse, LLC. By this letter, I am confirming that we will not revoke the dissolution, and that we release the name "Allsafe Warehouse, LLC" so that the name can be used by the new company that is the result of the conversion. Thank you for agreeing to process this conversion upon receipt of this package. You are enabling me to proceed with a very time-sensitive transaction.

Very truly yours,

David Simon

THE SIMON-CRAIR GROUP

CERTIFIED PUBLIC ACCOUNTANTS, PA

TO: Registration Section
Division of Corporations

SUBJECT: ALLSAFE WAREHOUSE, 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:

DAVID F. SIMON

(Contact Person)

The Simon-Crair Group Certified Public Accountants, PA

(Firm/Company)

8925 SW 148th STREET, SUITE 218

(Address)

MIAMI, FLORIDA 33176

(City, State and Zip Code)

dfsimon@simoncpa.net

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

DAVID F. SIMON

at (305

) 234-2797, Ext. 130

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS11 (06/15)

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

2016 SEP 27 PM 4:16
FILED
TALLAHASSEE
FLORIDA
CLERK OF THE CIRCUIT COURT

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 Conversion is:
Allsafe Warehouse Assoc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Florida General Partnership.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida
on 9/20/16 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Allsafe Warehouse, LLC
(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 after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective 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 listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 26 day of September 2016.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: David Simon
Printed Name: David F. Simon Title: Manager
Trust u/a 4/7/1994

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: David Simon
Printed Name: David F. Simon, Trustee Title: General Partner
Hugh A. Anderson Trust dated 4/7/94

Signature: _____
Printed Name: _____ Title: _____

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, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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2018 SEP 27 PM 4:16
CLERK OF CIRCUIT COURT
DADE COUNTY FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLSAFE WAREHOUSE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

8925 SW 148th STREET, SUITE 218
MIAMI, FLORIDA 33176

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DAVID F. SIMON

Name

8925 SW 148th STREET, SUITE 218

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FLORIDA

33176

City

State

Zip

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..

David Simon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DAVID F. SIMON

8925 SW 148th STREET, SUITE 218

MIAMI, FLORIDA 33176

AMBR

DAVID F. SIMON, Trustee

Hugh A. Anderson Trust dated 4/07/1994

8925 SW 148th Street, Suite 217, Miami, FL 33176

AMBR

KAROL LINDA ANDERSON

c/o Medalie & Medalie, PA - 800 E. BROWARD

SUITE 301, Ft. Lauderdale, FL 33301

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DAVID F. SIMON, Trustee, Hugh A. Anderson Trust dated 4/7/94

Typed or printed name of signer

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)

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STATE OF FLORIDA
TALLAHASSEE FILE #16