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SEULLIBER OF STATE
TALLAHASSEE, FLORIO

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09/29/2016

COVER LETTER

TO: Registration S Division of C					
SUBJECT: EISENBI	erg lehman, pllc				
SCD0EC1.	(Name	of Resulting Florida I	imited	i Company)	
				d fees are submitted to convert a cordance with s. 605.1045, F.S.	n "Other
Please return all corr	espondence concerning	g this matter to:			
SCOTT LEHMAN					
LIPSCOMB EISENBER	(Contact Person)	•			
	(Firm/Company)				
2 S. BISCAYNE BLVD					
	(Address)				
MIAMI, FL 33131	,				
(City, State and Zip Code)				
SLEI-IMAN@LEBFIRM	1.COM				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
SCOTT LEHMAN		_at ()	218-8	319	
(Name of Contr	ict Person)	(Area Code)	(Day	time Telephone Number)	
Enclosed is a check t	for the following amou	int:			
\$150,00 Filing Pees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Piling Fees and Certificate of Status	☐\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES Registration Section	S:	MAILII Registra		DDRESS: Section	



September 28, 2016

SCOTT LEHMAN SCOTT LEHMAN PA 2 S. BISCAYNE BLVD, SUITE 3800 MIAMI, FL 33131

SUBJECT: EISENBERG LEHMAN, PLLC

Ref. Number: W16000066807

We have received your document for EISENBERG LEHMAN, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 516A00020864

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

2016 SEP 29 AM 7: 46

SECULIARY OF STATE
TALLAHASSEE, FLORIDA

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.

" immediately prior to the filing of the Articles of Conversion is:
of Other Business Entity)
SSIONAL ASSOCIATION
atity type. Example: corporation, limited partnership, ral partnership, common law or business trust, etc.)
ier the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
 n)
ty Company as set forth in the attached Articles of Organization:
a Limited Liability Company)
er the effective date: DATE OF FILING date of receipt or filed date nor more than 90 days after the

Page 1 of 2

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

Signed this 29TH day of SEPTEMBER	20_16	FILI	E.O
Signature of Authorized Representative of Limi	ted Liability Company:	2016 SEP 29	AH 7: 46
Signature of Authorized Representative:	Title: MGR	SECHE ARY IALLAHASSE	OF STATE E. FLORIDA
Signature(s) on behalf of Other Business Entity:	See below for required signatu	re(s)]	
Signature:	Title: VICB PRESIDENT		
Signature:		····	
Printed Name:			
Signature: Printed Name:			
Signature:Printed Name:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty 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

FILED

A	RT	'IC	LE	Ī-	Na	me:

The name of the Limited Liability Company is:

2016 SEP 29 AM 7: 46

EISENBERG LEHMAN, PLLC	TALLAHASSEE, FLORIDA
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	19

ARTICLE II - Address;

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

Principal Office Address:	Mailing Address:
255 ARAGON AVENUE	255 ARAGON AVENUE
2ND FLOOR	2ND FLOOR
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134

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:

STEVEN ERIC EIS	SENBERG, PA	
	Name	
2 S. BISCAYNE BI Florida street addre	LVD., SUITE 3800 ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33131
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Mem	Name and Address: er
"MGR" = Manager	OTEVEN EIGENDED C
MGR	STEVEN EISENBERG 255 ARAGON AVENUE, 2ND FLOOR
	CORAL GABLES, FL 33134
MGR	SCOTT LEHMAN
	255 ARAGON AVENUE, 2ND FLOOR
	CORAL GABLES, FL 33134
	
(Use attachment if necessary)	A A A A A A A A A A A A A A A A A A A
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effective date is listed, the date in the of filing.) If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
effective date is listed, the date in the of filing.) If the date inserted in this block ocument's effective date on the D	does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.

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.

SCOTT LEHMAN

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)

HASSEE FLORIDA

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