# L/6000/84335

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity) States 2 pri Hone in
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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10/04/16--01039--005 \*\*150.00

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SECRETARY OF STATE SECRETARY OF STATE OF CORPORATION

× 10/05/16

# ADAMS, GALLINAR Professional Association Via FedEx

October 3, 2016

Florida Department of State Registration Section - Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Vue 902, LLC (Surviving Company)

To whom it may concern:

Enclosed for your further handling are the following documents:

- 1. Articles of Conversion for "Other Business Entity" into Florida Limited Liability company; and
- 2. A Check made payable to the Florida Department of State in the amount of \$150.00 representing payment for the Conversion and Articles.

If all is in order, please proceed to file the Conversion and Articles of Organization and return a filed copy to our office for our records.

Thank you for your prompt handling of this matter.

Diane M. Hernandez

Assistant to Robert R. Adams

**Enclosures** 

### **COVER LETTER**

(Name of Resulting Florida Limited Company)

		•	nd fees are submitted to con- coordance with s. 605.1045	
Please return all corr	espondence concernin	g this matter to:		
Diane M. Hernandez				
	(Contact Person)			
Adams Gallinar, P.A.				
	(Firm/Company)			
1000 Brickell Avenue, S	uite 300			
	(Address)			
Miami, Florida 33131				
	City, State and Zip Code)			
dhernandez@agilaw.con	•			
	oe used for future annual re	port notifications)		
	on concerning this ma			
Diane M. Hernandez		_at $(\frac{305}{(1-3)})^{\frac{416-6}{2}}$	6800	
(Name of Conta	act Person)	(Area Code) (Day	ytime Telephone Number)	
Enclosed is a check	for the following amou	nnt:		
\$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 ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions ter Circle	MAILING A Registration Division of O P. O. Box 63 Tallahassee,	Section Corporations 327	SECKE IAN OF CORE

Registration Section

SUBJECT: Vue 902, LLC

Division of Corporations

TO:

### **Articles of Conversion**

For

## "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Vuo 002 Inc	ity" immediately prior to the filing of the Articles of Conversion	is:
(PO9 - 00/8/2) (Enter Name	me of Other Business Entity)	
2. The "Other Business Entity" is a corp	oration	
(Ente	er entity type. Example: corporation, limited partnership, eneral partnership, common law or business trust, etc.)	
First organized, formed or incorporated	under the laws of Florida	
on January 8, 2009 (date of organization, formation or incorpor	(Enter state, or if a non-U.S. entity, the name of the country	)
(date of organization, formation or incorpor	ation)	
3. The name of the Florida Limited Lial Vue 902, LLC	bility Company as set forth in the attached Articles of Organiza	tion:
(Enter Name of Flo	orida Limited Liability Company)	
(The effective date: 1) cannot be prio date this document is filed by the Flor date listed in the attached Articles of (	enter the effective date:  r to date of receipt or filed date nor more than 90 days after the date of State; AND 2) must be the same as the effective date is listed therein.)  meet the applicable statutory filing requirements, this date will not be listed as State's records.	ective
5. The plan of conversion has been appr	oved in accordance with all applicable statutes.	2

Page 1 of 2

DIVISION OF CORPORATIONS

16 OCT -4 AM 9: 34

Signed this 30	day of September	20_16
	thorized Representative of Lim	
Signature of Aut	horized Representative:	adous
Printed Name: Ro	bert R. Adams	Title: Authorized Representative
<u> </u>		
	<del></del>	[See below for required signature(s)]
	Hedony	
Signature: /	hert & Allams	Title:
Finited Name. 100	OGEN. Adams	Truc.
Signature:		
Printed Name:		Title:
Signature:		m: 1
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Printed Name:		Title:
Ciamatuma.		
Printed Name:		Title:
Timed Name		True.
If Florida Corpo	oration:	
	irman, Vice Chairman, Director, or	
If Directors or O	fficers have not been selected, an In	corporator must sign.
If Florida Conor	val Dautnaughin au I imitad I ighili	ity. Doutnouchine
Signature of one	r <mark>al Partnership or Limited Liabil</mark> i General Partner	ty Fartnership:
organizate of one	Goneral Latiner.	
If Florida Limit	<u>ed Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of AL	L General Partners.	
All others:	uthorized person.	
Signature of an a	umorized person.	
Fees:		
Articles of	of Conversion:	\$25.00
	Florida Articles of Organization:	\$125.00
Certified	Copy:	\$30.00 (Optional)
	te of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
W 002 II C			
Vue 902, LLC	4 C 94 C 2 - 6T L C 22		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
	incinal office of the Limited Liebility Co		
The mailing address and street address of the pr	incipal office of the Lithited Liability Co	ompa	any is:
Duimainal Office Address.	Martina Addinas		
Principal Office Address:	Mailing Address:		
1227 CW 2 Avenue	1227 CW 2 Assessed		
1227 SW 3 Avenue Suite 516	1227 SW 3 Avenue		
	Suite 516		
Miami, Florida 33130	Miami, Florida 33130		
ARTICLE III - Registered Agent, Registered			
The Limited Liability Company cannot serve as its own Registr	ered Agent. You must designate an individual or anoth	her	
business entity with an active Florida registration.)			
The name and the Florida street address of the re	egistered agent are:		
The name and the Florida street address of the fo	egistered agent are,		
AGI Registered Agents, Inc.			
Name	,		
1000 Deli-le-II Accessed Code 200			
1000 Brickell Avenue, Suite 300			
Florida street address (P.O.	. Box <u>NOT</u> acceptable)		
•			
<u>Miami</u>	FL 33131		
City	Zip		
Having been named as registered agent and to	accept service of process for the above s	tated	l limited
liability company at the place designated in	this certificate, I hereby accept the appoi	intme	ent as
registered agent and agree to act in this capaci	ity. I further agree to comply with the pro	visio	ons of all
statutes relating to the proper and complete p			
accept the obligations of my position as reg			
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( ) later	Ш		<u></u> 1
Registered Agent's Sign	PEOLIPED)	盡	$\leq_{\underline{G}}$
Registered Agent's Sign	Auto (REQUIRED)	Ö	
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			35

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Clamp Management, LLC
	1000 Brickell Avenue, Suite 300
	Miami, Florida 33131
<del></del>	

(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.

Robert R. Adams, Esq., Authorized Representative

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)

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