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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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C. GOLDEN JAN - 5 2017

### **SUNSHINE CORPORATE**

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:	1-5-17	
Name:	125 RIV LLC	
	125 RIV LLC	
Document #: Order #:		
Certified Copy of Arts 8 8 Amend:		
Plain Copy: Certificate of Good Standing:		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
X PI	ertified: ain: DGS:	
Availability Arabinor Arabinor	nount: \$ 150.00	SECTALL VALUE

Thank you!

Updater \_\_\_\_\_ Verifier \_\_\_\_ W.P. Verifier \_\_\_\_\_

Ref#

### Articles of Conversion For "Other Business Entity" Into

## 2017 JAN -5 PH 1: 57

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.

1. The name of the "Other Business Entity" i 125 RIV LLC	immediately prior to the filing of the Articles of Conversion is:
(Enter Name of	Other Business Entity)
2. The "Other Business Entity" is a Limited L	iability Company
(Enter entity	y type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)
First organized, formed or incorporated under	r the laws of New York
MARCH 17, 2008	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)	
125 RIV LLC (Enter Name of Florida L	imited Liability Company)
date this document is filed by the Florida D date listed in the attached Articles of Organ	late of receipt or filed date nor more than 90 days after the Department of State; AND 2) must be the same as the effective nization, if an effective date is listed therein.)  The applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved	in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has which such members are entitled under ss. 66	as agreed to pay any members having appraisal rights the amount to 05.1006 and 605.1061-605.1072, F.S.

Signed this 4th day of January	20_17	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:	(1)	
Printed Name: Richard Freedman- Manager	Title: by Valerie Hawk atty-in-fact	
Printed Name, Richard Freedman-tranager	Title. by valend travel, and in race	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
	(-),	
Signature: VM		
Printed Name: Richard Freedman-Manager	Title: by Valerie Hawk, atty in fact	
Sign of the same		
Signature:Printed Name:	Title:	
Filmed Name.	Title.	
Signature:		
Signature:Printed Name:	Title:	
Signature:	mid.	
Printed Name:	11tde;	
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 In-		
If Florida General Partnership or Limited Liabili	<u>ty Partnership:</u>	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
Faces		
Fees:		王公
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	<u>-</u>
Certified Copy:	\$30.00 (Optional)	, i
Certificate of Status:	\$5.00 (Optional)	

Page 2 of 2

CONTROL OF THE PROPERTY OF T

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PH 1:57

ARTICLE I - Name:	2017 JAI) -
The name of the Limited Liability Company	y is:  SEOTIAL TALLAGAS
125 RIV LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3180 North Bay Road	3180 North Bay Road
Miami Beach, FL 33140	Miami Beach, FL 33140
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Richard Freedman	
Ŋ	Name
3180 North Bay Road	
Florida street address	(P.O. Box NOT acceptable)
Miami Beach	FL 33140
City	Zip
Having been named as registered agent a	nd to accept service of process for the above stated limit

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)
Richard Freedman: by Valerie Hawk, atty in fact

(CONTINUED)

Page 1 of 2

ARTICLE IV-	من المنا الم	
<u>-</u>	on authorized to manage and control the Limited Liability	
Company:	2017 JAN -5 PK 1: 5	7
Title:	Name and Address:	
"AMBR" = Authorized Member	SEU NACE LE PROPE	1
"MGR" = Manager	TATELANOS LOS MA	<u>.</u>
MGR	Richard Freedman	
	3180 North Bay Road	
	Miami Beach, FL 33140	
MGR	Ellen Freedman	
MOK	3180 North Bay Road	
	Miami Beach, FL 33140	
	Wildin Deach, FL 55140	
	_	
<del></del>		
(If an effective date is listed, the date must to or 90 days after the date of filing.)  Note: If the date inserted in this block does not meet document's effective date on the Department of State	ne date of filing:  . (OPTIONAL)  t be specific and cannot be more than five business days prior  t the applicable statutory filing requirements, this date will not be listed as the c's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
This document is executed in a I am aware that any false inform	er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	
Richard Freedman- MGR	R, By: Valerie Hawk, atty in fact	
	yped 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) Page 2 of 2