L1700041995

| (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: |
| |
| |
| |
| |

Office Use Only



600295903406





C. GOLDEN FEB 2 4 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 521349 4338256

AUTHORIZATION :

COST LIMIT : \$/185.00

ORDER DATE: February 23, 2017

ORDER TIME : 3:27 PM

ORDER NO. : 521349-050

CUSTOMER NO: 4338256

DOMESTIC AMENDMENT FILING

NAME: EQUITY ONE (WEST COAST

PORTFOLIO) INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

| TO: Registration : Division of C | | | | |
|--|--|---|--|-----------------------------|
| SUBJECT: Equity O | ne (West Coast Portfolio) L | LC | | |
| | (Name of Res | ulting Florida Limited Con | npany) | _ |
| Business Entity" into | es of Conversion, Article a "Florida Limited Li | ability Company" in ac | d fees are submitted to coordance with s. 605.1 | convert an "Other 045, F.S. |
| Laura-Jayne Urso | | | | |
| <u> </u> | (Contact Person) | | | |
| Kirkland & Ellis LLP | | | | |
| | (Firm/Company) | | | |
| 601 Lexington Avenue | | | | |
| | (Address) | *-1 | | |
| New York, NY 10022 | | | | |
| (| City, State and Zip Code) | | | |
| | oe used for future annual repondence on concerning this made | tter, please call: | | |
| (Name of Conta | act Person) | (Area Code) (Day | time Telephone Number) | _ |
| | for the following amount a bank located in the | | sed by this office must b | be payable in US |
| \$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 | S185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323 | tions ter Circle | MAILING A Registration S Division of C P. O. Box 633 Tallahassee, I | Section Corporations 27 | 17 FEB 23 FAIR: 2 |

sam | sam

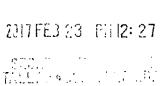
Articles of Conversion

For

"Other Business Entity"

Into

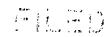
Florida Limited Liability Company



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: Equity One (West Coast Portfolio) Inc. |
|--|
| (Enter Name of Other Business Entity) P120000 16942 |
| 2. The "Other Business Entity" is a corporation |
| (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 |
| 2/17/2012 (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: |
| Equity One (West Coast Portfolio) 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. |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. |

| Signed this 23rd day of February | aa 1 3- | | | |
|---|--|-------------------|------------------|------|
| Signature of Authorized Representative of Limit | | | | |
| | | | | |
| Signature of Authorized Representative: Printed Name: Aaron Kitlowski | Title: VP and Secretary | - | | |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s)] | | | |
| Signature: Dew 182. Printed Name: Aaron Kitlowski | | | | |
| Printed Name: Aaron Kitlowski | Title: VP and Secretary | • • | | |
| • | | | | |
| Signature:Printed Name: | Title: | - | | |
| Signature:Printed Name: | Tislor | - | | |
| | | | | |
| Signature: Printed Name: | Title: | <u>.</u> | | |
| | | | | |
| Signature: Printed Name: | Title: | . - | | |
| Signature: Printed Name: | | _ | | |
| Printed Name: | Title: | - | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | | | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | ty Partnership: | | | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | y Limited Partnership: | | | |
| All others: Signature of an authorized person. | | 57 5250 | <u> </u> | |
| Fees: | | | | erm. |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | | 자 경 사 만 | er . |



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | | | | 2017 FEB 23 | FII 12: 27 |
|--|--|---|--|--|------------|
| The name of the Limited Liability | y Company is: | | | gn. TAU Ala | • |
| Equity One (West Co | ast Portfolio) LLC | | | IMU ARE | |
| | | Liability Com | pany, "L.L.C.," or "LLC.") | · | |
| ARTICLE II - Address: The mailing address and street ad | ldress of the principal o | ffice of the Li | mited Liability Company is: | | |
| <u>Principa</u> | al Office Address: | | Mailing Add | ress: | |
| 1600 N.E. Miami Ga North Miami Beach, | | | 1600 N.E. Miami Gardens D North Miami Beach, FL 331 | | |
| another business entity with an a | | l agent are: Company Name | IOT acceptable) | | |
| | Tallahassec | FL | 32301 | | |
| | City | State | Zip | | |
| Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob | I hereby accept the app ovisions of all statutes r ligations of my position Corporation Sarv By: | ointment as re elating to the p as registered ice Compai | gistered agent and agree to ac proper and complete performan agent as provided for in Chapte | t in this capacity. I nce of my duties, and I | |
| | Kegisi | orea rigent s | organico (rosyonisss) | | |
| | | (CONTIN | UED) | | |

Page 1 of 2

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | | |
|---|--|-----------------------------|--|
| Carrier Over Year AD CDD | 1600 N.E. Mismi Cordona Driva | | |
| Equity One, IncAMB | North Miami Beach, FL 33179 | | |
| | | | |
| | | | |
| (Use attachment if necessary) | | | |
| ective date is listed, the date must be s of filing.) | te of filing: Upon Filing (OPTIONAL specific and cannot be more than five business days prior to | o or 90 days | |
| ective date is listed, the date must be s of filing.) | specific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this date of | o or 90 days | |
| ective date is listed, the date must be so of filing.) the date inserted in this block does not ment's effective date on the Department. | specific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this date of | o or 90 days | |
| ective date is listed, the date must be so of filing.) the date inserted in this block does not ment's effective date on the Department. | specific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this date on of State's records. | o or 90 days | |
| ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE Signature of a manuare that any fall | specific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this date on of State's records. | o or 90 days will not be li | |
| ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE Signature of a manuare that any fall | meet the applicable statutory filing requirements, this date of of State's records. The member of an authorized representative of a member and the information submitted in a document to the Department of the fellow as provided for in s.817.155, F.S. | o or 90 days will not be li | |
| rective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE Signature of a manage that any fall constitutes a third degree Aaron Kitlowsk \$125.00 Filing Fee for Articles of O | meet the applicable statutory filing requirements, this date of of State's records. Incomber or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of ee felony as provided for in s.817.155, F.S. Ici, Secretary Typed or printed name of signce Filing Fees; Organization and Designation of Registered Agent | o or 90 days will not be li | |
| rective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE Signature of a manage of the provisions | meet the applicable statutory filing requirements, this date of of State's records. Incompared to a member of a m | o or 90 days will not be li | |