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(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: GILBERTO RIVERA P.A.	
(Name	of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Business Entity" into a "Florida Limi	Articles of Organization, and fees are submitted to convert an "Other ited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence cond	cerning this matter to:
Domingo Abinader	
(Contact Person))
AB Multi Services and Income Taxes	
(Firm/Company)
1901 S John Young Parkway Suite 103	
(Address)	
Kissimmee FL 34741	
(City, State and Zip	Code)
abmultiservices l@ahoo.com	
E-mail Address: (to be used for future ar	inual report notifications)
For further information concerning the	his matter, please call:
Domingo Abinader	at (407)601-6524
(Name of Contact Person)	at (407)601-6524 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located	g amount: (All checks processed by this office must be payable in US in the United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: GILBERTO RIVERA P.A. P13 - 79860
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
09/27/2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
GR Realty Team, 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 calendar 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.
TALL SALL

Signed this 12 day of July	20_ <u>17</u>	
Signature of Authorized Representative of L	imited Liability Company:	
Signature of Authorized Representative: Printed Name: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6:		
Signature of Authorized Representative: //	Title: member	
Signature(s) on behalf of Other Business Entit	y: [See below for required signature]	ıre(s)]
Signature: Printed Name: 6:10e.13 Rivera	Title: Member	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title	 _
Printed Name:	Title.	
Signature:Printed Name:		
Dulland Manager		
Printed Name:	little:	
Signature: Printed Name: If Florida Corporation:	Title:	
Signature:Printed Name:	Title: , or Officer. n Incorporator must sign. ability Partnership:	
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a If Florida General Partnership or Limited Lia Signature of one General Partner. If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners.	Title: , or Officer. n Incorporator must sign. ability Partnership:	
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a If Florida General Partnership or Limited Lia Signature of one General Partner. If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners. All others:	Title: , or Officer. n Incorporator must sign. ability Partnership:	
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a If Florida General Partnership or Limited Lia Signature of one General Partner. If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners.	Title: , or Officer. n Incorporator must sign. ability Partnership:	
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a If Florida General Partnership or Limited Lia Signature of one General Partner. If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners. All others:	Title: , or Officer. n Incorporator must sign. ability Partnership:	
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a If Florida General Partnership or Limited Lia Signature of one General Partner. If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	Title: , or Officer. n Incorporator must sign. ability Partnership: ability Limited Partnership:	
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a If Florida General Partnership or Limited Lia Signature of one General Partner. If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners. All others: Signature of an authorized person. Fecs: Articles of Conversion:	Title: , or Officer. n Incorporator must sign. ability Partnership: ability Limited Partnership:	
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a If Florida General Partnership or Limited Lia Signature of one General Partner. If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	Title: , or Officer. n Incorporator must sign. ability Partnership: ability Limited Partnership:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
GR Realty Tcam, LLC		
(Must contain 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	ł Liability Company is:
Principal Office Address:	Mailing Address:	
1408 BROOK HOLLOW DR	1408 BROOK HOLLOW DR	
ORLANDO, FL 32824	ORLANDO, FL 32824	
		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.) The name and the Florida street address	vn Registered Agent. You must designate an ii	nt's Signature: ndividual or another
	-	
RIVERA, GILBERT		
	Name	
1408 BROOK HOLLOV	V DR	
Florida street addres	ss (P.O. Box NOT acceptable)	
Orlando	FL 32824	
City	Zip	
Having been named as registered agentiability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position. Registered Agen	nated in this certificate, I hereby acc s capacity. I further agree to compl nplete performance of my duties, ar	cept the appointment as ly with the provisions of all and I am familiar with and or in Chapter 605, F.S
(CC	ONTINUED)	AUS -1 AM 9:2

Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager RIVERA, GILBERT MGR 1408 BROOK HOLLOW DR ORLANDO, FL 32824 (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. GILBERT RIVERA 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)

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

ARTICLE IV-