# 11800146054

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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#### COVER LETTER

TO: New Filing Section of Corporation of Corporatio		Company)
	f Conversion. Articles of Organization. "Florida Limited Liability Company" i	and fees are submitted to convert an "Other n accordance with s. 605,1045, F.S.
Please return all correspo	ondence concerning this matter to:	
GILBERTO	R. Izguteri)	Ŏ
4253 HIB	SERNTA, LLC	18 J
PO BOX	565746	是三
9110 Lzgvierd	(Address) FL 33 256  State and Zip Code Affector C sed for future annual report notifications)	om
For further information of CHUBERTO R. To (Name of Contact)	concerning this matter, please call:  (Area Code) 1	794-8409 Daytime Telephone Number)
	the following amount: (All checks proc pank located in the United States)	ressed by this office must be payable in US
(\$25 for Conversion an	J\$155.00 Filing Fees ☐\$180.00 Filing Fee and Certified Copy actus	s \$185.00 Filing Fees, Certified Copyl and Certificate of Status
CTDEET CHIDDEC.	3.4.41 (83)	2 AMMDEC.

#### 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 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 5/23/2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: 4253 HTBERNTA LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date; (The effective date: 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.)  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.



\$5.00 (Optional)

Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
4253 HIBERNIA	LLC
(Must contain the words "Limited Liabolit	y Company, "L.4C., or "LEC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1471 S.W. 104 STREST MIAMI, FL 33176	PO BUX 565 746 MIAMI, FL 33256
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration )	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are;
114715W,	104 STREET
Florida street address (P.O	Box 801 acceptable)
City	Ft. 35176 Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605.
Till to	(9)
Registered Agent's Sign	nature (REQUIRED)
(CONTIN	UED)

Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  GILBERTO R. TRUTERDO PO BOX 565746  MIAMI, FT 33256
(Use attachment if necessary)	TEST CONTRACTOR PA
RTICLE V: Other provisions, if any,	·! ·!
REQUIRED SIGNATURE:	LOBY

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

ARTICLE IV-

Typed or printed name of signee

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.