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

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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: Lelbounte family lovest merts, L. F.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Florida
On 12 28 1999 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Leibornitz Family Investments, 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.

•	
Signed this 31 day of May	20_18
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: 47. Printed Name: Riter Huckit 7.	Tide: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	in the restments also
Printed Name: Kita Hu/Wil-z_	Title: Aggident of Lethonitz Femily Investments, in
Signature:	
Printed Name:	Title:
Simple.	
Signature:Printed Name:	Title:
Timud Name.	
Signature:	1
Printed Name:	Tide:
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Printed Name:	Title:
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Signature:	
Dallate d Manuel	Tiste.
Printed Name:	Tide:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an institute General Partnership or Limited Liability Signature of one General Partner.	Officer. corporator must sign.
If Flerida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an institution of Corporation of	Officer. corporator must sign. tv Partnersbio:
If Flerida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an instiff Florida General Partnership or Limited Liability Signature of one General Partnership or Limited Liability Signature of the General Partnership or Liability Signature of the Gen	Officer. corporator must sign. tv Partnersbio:
If Flerida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an instiff Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others:	Officer. corporator must sign. tv Partnersbio:
If Flerida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an institute General Partnership or Limited Liability Signature of one General Partnership or Limited Liability Signatures of ALL General Partners. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Foca: Articles of Conversion:	Officer. corporator must sign. tv Partnership: tv Limited Partnership: \$25.00
If Flerida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an institute General Partnership or Limited Liability Signature of one General Partnership or Limited Liability Signatures of ALL General Partners. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person.	Officer. corporator must sign. tv Partnership: tv Limited Partnership:

:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is,	
LEBOWITZ FAMILY BYFSTMENTS, LLC	
(Must contain the words "Limited Liability Compa	ny, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address;	
The mailing address and street address of the principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:

| Ho | 30 West Bay Harbor Drive, #501 | Ho | 10140 West Bay Harbor Drive, #501 | Bay Harbor Island, Florida 33454 | Bay Harbor Island, Florida 33454 | Bay Harbor Island, Florida 33454 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Clorida street address of the registered agent are:

ARTHULF L. Name

Natialic Jacobs

Name

H0140 West Bay Harlsor Drive, #501

Florida street address (P.O. Box SOT acceptable)

Hay Harlsor Island Physica 3,0154

City State Zip

Having been mined as registered rigent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all standes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered egent as provided for in Chapter 605, E.S.,

(CONTINUED)

Registered Agent Signature (RED)

DIS JUN 18 AM 7: 04

Title:	Name and Address:
'AMBR" # Authorized Member	
'MGR" = Manager	
MGR	Rita Hurwitz
	485 Harrison Avenue, #403
	Boston, MA 02118
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	_ <u></u>
Ise attachment if necessary	
EV: Effective date, if other than the date effice date is listed, the date must be sp filling.)	c of filing: May 31, 2018 (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date clive date is listed, the date must be sparfilling.) the date inserted in this block does not be date inserted in the Department.	meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date clive date is listed, the date must be sparfilling.) the date inserted in this block does not be date inserted in the Department.	meet the applicable statutory filing requirements, this date will no
(liling.)	meet the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the date rive date is listed, the date must be sp filing.) the date inserted in this block does not sent's effective date on the Department CVI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not of State's records. How
CV: Effective date, if other than the date rive date is listed, the date must be sportling.) The date inserted in this block does not sent's effective date on the Department CVI: Other provisions, if any. Signature of a many and document is executed and aware that any false.	meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date rive date is listed, the date must be sportling.) The date inserted in this block does not sent's effective date on the Department EVI: Other provisions, if any. Signature of a many false does not sent as executed an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. How the combined in a discontinuous statutes of a member, sted in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State
V: Effective date, if other than the date rive date is listed, the date must be spriling.) the date inserted in this block does not cent's effective date on the Department. VI: Other provisions, if any. Signature of a many and document is executed and aware that any fals.	meet the applicable statutory filing requirements, this date will not of State's records. How the combined in a discontinuous statutes of a member, sted in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State
EV: Effective date, if other than the date rive date is listed, the date must be spriling.) The date inserted in this block does not itent's effective date on the Department EVI: Other provisions, if any. Signature of a many also document is executed am aware that any falso constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. However, and authorized representative of a member, sted in accordance with section 605.0203 (1) (b). Florida Statutes, a information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.