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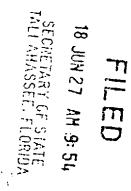
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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# COVER LETTER

TO:	New Filing S Division of C				
SURI	ECT: JILK AP.	ARTMENTS, LLC			
000		(Name of Res	sulting Florida Limite	d Con	npany)
			_	-	ed fees are submitted to convert an "Other coordance with s. 605.1045. F.S.
Please	return all corr	espondence concernin	g this matter to:		
JORGI	E GONZALEZ				
		(Contact Person)			
ABC (	CONSTRUCTION	f			
		(Firm/Company)			
7215 N	I.W. 7TH ST.				
		(Address)			
MIAM	II, FL 33126				
	((	City, State and Zip Code)	<del></del>		
JGON:	ZALEZ@ABCCC	ONSTRUCTION.CC			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther informati	on concerning this ma	tter, please call:		
JORG	E GONZALEZ		_at ( 305)	796-4	4865
	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)
		or the following amou a bank located in the		ocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRES	S:	MAILI	NG A	ADDRESS:
	Filing Section		New Fil	_	
	on of Corporat n Building	ions	Divisior P. O. Bo		Corporations 27
	Executive Cent	er Circle			FL 32314

Tallahassee, FL 32301

### **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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  JILK APARTMENTS, INC. 1000-1000-1000-1000-1000-1000-1000-100
(Enter Name of Other Business Entity)
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
(Enter state, or if a non-U.S. entity, the name of the country)
10/20/2000 on
10/20/2000 On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JILK APARTMENTS, 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 12 day of June	20_1 &	
Signature of Authorized Representative & Lim	nited Liability Company:	
	M	
Signature of Authorized Representative: Printed Name; JORGE GONZALEZ	Title: MANAGER/MEMBER	
Printed Name: JORGE GONZALEZ	THE MANAGEMARKIDER	_
Signature(s) of hehalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Printed Name: JORGE GONZALEZ	Title: PRESIDENT	
Trimes (tame)		
Signature:		_
Printed Name:	Title:	_
Signature:		_
Signature: Printed Name:	Title:	_
Signature: Printed Name:	Title:	-
Signature: Printed Name:	TCAL	<u> </u>
Printed Name:	i itte:	-
Signature:		_
Signature: Printed Name:  If Florida Corporation:	Title:	_
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner.	Title:  Officer. neorporator must sign. lity Partnership:	_
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil	Title:  Officer. neorporator must sign. lity Partnership:	_
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil	Title:  Officer. neorporator must sign. lity Partnership:	Ţ <sub>A</sub>
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others:	Title:  Officer. neorporator must sign. lity Partnership:	Ţ <sub>A</sub>
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion:	Title: Title: Title: Title: Tofficer	Ţ <sub>A</sub>
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:	Title: Title: Title: Title: Tofficer	SECRUTARY OF STATE TALL, MASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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7215 NW 7TH ST MIAMI, FL 33126				
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Registered Agent's Signature (REQUIRED)

(CONTINUED)



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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	JORGE GONZALEZ	
	7215 NW 7TH ST	
	MIAMI, FL 33126	
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<del></del>		
		<del></del>
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(Use attachment if necessary)		JUN 27 JUN 27 AHASSE
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TICLE V: Other provisions, if any.		三 至 「
THORIZED FOR ALL LEGAL BUSINESS		S ,
		~~ <u>~</u> ,
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	1	
REQUIRED SIGNATURE/	1	

Signature of a member of 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.

JORGE GONZALEZ

Typed or printed name of signee

#### Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)