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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRE JAKEE FLORIDA
FALLAHASSEE FLORIDA

AUG 1 4 2018
T SCHROEDER

COVER LETTER

| Divi | sion of Corporations | | • | | |
|---|--|----------------------------------|--|--|--|
| SUBJECT: | RODIN PROPERTIES, LLC | | | | |
| 000000 | Name of Limited Liability Company | | | | |
| Dear Sir or N | Madam: | | | | |
| The enclosed | d Articles of Domestication of a No | n-U.S. Entity and | I fee(s) are submitted for filing. | | |
| Please return | all correspondence concerning this | matter to the foll | owing: | | |
| Michael E. | . Rodin | | | | |
| | Name of Person | | | | |
| | Firm/Company | | | | |
| 900 Bay D | Prive, Apt # 908 | | | | |
| | Address | | | | |
| Miami Bea | ach, FL 33141 | | | | |
| | City/State and Zip Code | | | | |
| ma | mail address: (to be used for future annual | Λ | • | | |
| E- | -mail address: (to be used for future annual | report notification) | | | |
| For further in | nformation concerning this matter, p | olease call: | | | |
| Michael E. | . Rodin | 702 at (| 204-9394 | | |
| | Name of Person | Area Code | Daytime Telephone Number | | |
| New Filing S Division of C Clifton Build 2661 Execut | Corporations ling ive Center Circle | New Fili Division P.O. Box | NG ADDRESS: ng Section of Corporations 6327 sec, Florida 32314 | | |
| i allahassee, | Florida 32301 | | | | |
| | Articles of Don | soctiontion: | 275 | | |

Articles of Organization: Total to Domesticate and file: \$125 \$150

TO:

New Filing Section

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.

| Diamica. | |
|---|---|
| 1. The name of the "Other Business Entity" immediately prior to Rodin Properties, LLC. (Enter Name of Other Business Entity) | the filing of the Articles of Conversion is: |
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a | ted Liability Company |
| First organized, formed or incorporated under the laws of | |
| 3. The name of the Florida Limited Liability Company as set for Rodin Properties, LLC (Enter Name of Florida Limited Liability Company) | rth in the attached Articles of Organization: |
| (Enter Name of Florida Limited Liability Compa | any) |
| 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 the date this document is filed by the Florida Department of Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records. | date nor more than 90 calendar days after |
| 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 which such members are entitled under ss. 605.1006 and 605.100 | members having appraisal rights the amount to 61-605.1072, F.S. AUG 13 AM11: 18 AUG 13 AM11: 18 |

| Signature of Authorized Representative: Mic Printed Name: AA) CHAFUR DIN Signature(s) on behalf of Other Business Entity: [So Signature: Michael District Name: Printed Name: Alchael District Name: Printed Name: Signature: Printed Name: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming If Florida General Partnership or Limited Liability | Title: |
|--|------------------------|
| Signature: Printed Name: All HAGINE DIPLY Signature: Printed Name: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | Title: |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | Title: Title: Title: |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | Title: Title: Title: |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | Title: Title: Title: |
| Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | Title: |
| Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | Title: |
| Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | Fitle: |
| Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | Fitle: |
| Signature: Printed Name: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | Title: |
| Signature: Printed Name: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | Title: |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incoming Florida General Partnership or Limited Liability | T'-1- |
| Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incol If Florida General Partnership or Limited Liability | 1 ide: |
| If Directors or Officers have not been selected, an Incom If Florida General Partnership or Limited Liability | |
| If Florida General Partnership or Limited Liability | ficer. |
| If Florida General Partnership or Limited Liability | porator must sign. |
| | Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liability | Limited Partnership: |
| Signatures of ALL General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| | |
| | 25.00 |
| | 125.00 |
| Certificate of Status: | 30.00 (Optional) |

18 AUG 13 AHII: 18
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

| The name of the Limited Liability Company is: | |
|---|---|
| Radin Properties (Must contain the words "Limited Liability | LLC Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 900 Bay Drive, Apt #908 Mrami Beach, FL 33141 | Same as principal |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | Office, & Registered Agent's Signature: red Agent You must designate an individual or another |
| The name and the Florida street address of the re- | gistered agent are; |
| Michael E Name | Rodin |
| Name | |
| 900 Bay Orive Florida street address (P.O. | Apt # 908 |
| | |
| <u>Miami Beach</u> City | FL 33141 |
| City | Zip |
| liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p | SEE 3 |

| <u>Title:</u> | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | Name and Address. |
| "MGR" = Manager | Michael E. Rodin |
| MGR | 900 Bay Drive, AP+ # 908 |
| | 900 Bay Drive AP+ # 908 Mami Beach FL 33141 |
| MGR | |
| - 14/ | Susan T. Rodin 900 Bay Drive, Apt # 908 |
| | Miami Beach, FL 33141 |
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| (Use attachment if necessary) | <u> </u> |
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| ARTICLE V: Other provisions, if any. | ZS <u>i</u> Em o |
| The real v. Office provisions, it any. | A STATE OF THE STA |
| | |
| | |
| REQUIRED SIGNATURE: | N 1 - |

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

ARTICLE IV-

as provided for in s.817,155, F.S.

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signce

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.