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(Requesto	or's Name)	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documer	nt Number)	
Certified Copies	Certificates of S	Status
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18 AUG 17 AMII: 42 SECRETARY OF STATE FALL/HASSEE, FLORIDA

AUG 2 0 2018 T SCHROEDER

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 536 Euclid Condo LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Harlene Zapata (Contact Person) Ganzalez y Rodinara Ol
Gonzalez & Rodriguez PL (Firm/Company)
999 Ponce de Leon Blvd # 1135 (Address)
Gial Gables, FL 33134 (City, State and Zip Code)
<u>Wzapata Wgr-law. net</u> E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Hallene Zapata at (305) 461-4880 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$\frac{1}{1}\$\$150.00 Filing Fees (\$\frac{1}{2}\$\$155.00 Filing Fees and Certified Copy (\$\frac{1}{2}\$\$ and Certified Copy (\$\frac{1}{2}\$\$ and Certified Copy (\$\frac{1}{2}\$\$ and Certificate of Status of Organization)
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

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: 536 Euclid Condo LLC Mile -3013.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>Delawaee</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 11-13-2013
on 11-13-2315 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
536 Euclid (ondo LLC (Enter Name of Florida Limited Liability Company)
(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.
TASS THE
FIL ECRETARY LLAHASSER

Signed this 13 day of AJQJSt	20 <u>18i .</u>
Signature of Authorized Representative of I	Limited Liability Company:
Signature of Authorized Representative: Printed Name: Holaco V. Pyvan	Title: Hq.
Signature(s) on behalf of Other Business Entire	HILL
Signature: Printed Name: HORACTO V PIJJAN	Title: HC/R.
Signature:	
Signature: Printed Name:	Title:
Signatura	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tista
Printed Name:	1 tuc;
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director,	
If Directors or Officers have not been selected, a	n Incorporator must sign.
If Florida General Partnership or Limited Lin Signature of one General Partner.	ability Partnership:
If Florida Limited Partnership or Limited Lia Signatures of <u>ALL</u> General Partners.	bility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organizatio Certified Copy: Certificate of Status:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

18 AUG 17 AH 11: 42 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
536 Euclid Condo L (Must contain the words "Limited Liability	-LC
(Must contain the words "Limited Liability	Compuny, "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:
536 Euclid Ave#3 Miami Beach FL 33139 USA	536 Euclid Ave#3 Hiami Beach FL 33139 USA
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
<u>Juan Jose Re</u> Name	bora
536 Euclid A. Florida street address (P.O.	Box NOT acceptable)
<u>Hiami Beach</u>	FL 33139
City	z.ip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Registered Agent's Signs	ture (REQUIRED)
(CONTINU	PILED 18 AUG 17 AM 11:4 EURE ARY OF STATE LLAHASSEE, FLORE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Horacio V. Pijvan 536 Euclid Avett 3 Miami Beach, FL 33139
	ASE 60
	AUG 17 AH II: 42
	ASSET. TI
	OF SI
(Use attachment if necessary)	F SIATE FLORIDA
•	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member This document is executed in account.	r or an authorized representative of a member dance with section 605.0203 (1) (b), Florida Statutes, I am aware that document to the Department of State constitutes a third degree felony
Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S.	r or an authorized representative of a member

ARTICLE IV-