118000219722

(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Zi	o/Phone #)	
PICK-UP W	AIT MAIL	
(Business En	tity Name)	
(Document N	umber)	
Certified Copies Cer	tificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



900314158559

06/86/18--01013--005 **150.00

18 SEP 17 AM 10: 53
SECRETARY OF STARE
FALL AHASSET, FLORIDA

SEP 18 2018
T SCHROEDER

COVER LETTER

,	COVERLEI	IEK
TO: New Filing Section Division of Corporations		
SUBJECT: Reinfeld Family Company, LLC		
	sulting Florida Limite	d Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	les of Organizatio iability Company"	n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
Joseph A. Porrello, Esq		
(Contact Person)		
Joseph A. Porrello, P.A.		
(Firm/Company)		
7875 SW 104th St. Ste 103		
(Address)		
Miami, Florida 33156		
(City, State and Zip Code)		
office18260@aol.com		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	tter, please call:	
Joseph A. Porrello, Esq	at (305)	374-0092
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	nt: (All checks pro United States)	ocessed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	ces
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	New Fili Division P. O. Bo	ng Section of Corporations k 6327 see, FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

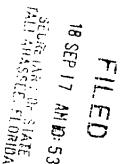
Into

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: Reinfeld-Anderson Family Limited Partnership O3 - 80
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited partnership
(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)
January 15, 2003 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Reinfeld Family Company, 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 10 day of Sefember	20_18			
Signature of Authorized Representative of Lim	ited Liability Company:			
Signature of Authorized Representative:	Title: Manager	_		
Signature(s) on behalf of Other Business Entity:				
Signature: Sign		-		
Signature: Printed Name:				
Signature: Printed Name:				
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.	$\mathbb{R}_{\mathcal{S}}$		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	EL AHASS	8 SEP I	<u> </u>
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	SET. F. 3	7 AH K	
All others: Signature of an authorized person.		IAE ORIDA	5 3	
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Reinfeld Family Company, LLC	
(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
18260 NE 19 AVE, Ste 201	18260 NE 19 AVE, Ste 201
18260 NE 19 AVE, Ste 201 North Miami Beach, FL 33162	North Miami Beach, FL 33162
North Miami Beach, FL 33162	

Howard Reinfeld	
Na	ame
18260 NE 19 AVE, Ste 201	
Florida street address (F	P.O. Box NOT acceptable)
North Miami Beach	FL 33162
City	Zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)



A	D	TI		LE.	IV.
м	л.		٠. ۱		1 V -

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

"MGR" = Manager MGR Howard Reinfeld 607 Layne Blvd Hallandale Beach, FL 33009 (Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third deg as provided for in s.817.155, F.S.	Title:	Name and Address:
WGR Howard Reinfeld 607 Layne Blvd Hallandale Beach, FL 33009 (Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third dee	"AMBR" = Authorized Member	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep any false information submitted in a document to the Department of State constitutes a third deep and the Department of State constitutes a third deep and the Department of State constitutes a third deep and the Department of State constitutes a third deep and the Department of State constitutes a third deep and the Department of State constitutes a third deep and the Department of State constitutes a third deep and the Department of State constitutes and the Department of State constitutes a third deep and the Department of State constitutes and the Department of State constitutes and the Department of State cons		11 10:00
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third deeperson.	MOR	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 any false information submitted in a document to the Department of State constitutes a third doc		
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp		Hallandale Beach, FL 33009
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third dec		
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp		
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp		
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp		
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp		
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp		
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp		
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third dec		
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp		E on
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp		
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third dec		(PS)
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp		>
REQUIRED SIGNATURE: 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 a any false information submitted in a document to the Department of State constitutes a third decomposition of the decomp	(Use attachment if necessary)	in
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 a any false information submitted in a document to the Department of State constitutes a third dec	(305 anatamin n novocom))	• \\ \frac{1}{2} \\ \
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 a any false information submitted in a document to the Department of State constitutes a third dec		52
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 a any false information submitted in a document to the Department of State constitutes a third dec	LE V: Other provisions, if any.	<u> </u>
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 a any false information submitted in a document to the Department of State constitutes a third dec	, p,,	
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 a any false information submitted in a document to the Department of State constitutes a third dec		
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 a any false information submitted in a document to the Department of State constitutes a third dec		
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 a any false information submitted in a document to the Department of State constitutes a third dec		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am a any false information submitted in a document to the Department of State constitutes a third dec	REQUIRED SIGNATURE:	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am a any false information submitted in a document to the Department of State constitutes a third dec	\sim	000
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am a any false information submitted in a document to the Department of State constitutes a third dec		4404
any false information submitted in a document to the Department of State constitutes a third dec	Signature of a member or	an authorized representative of a member
as provided for in s.817.155, F.S.	I his document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware the
	as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree fel-
Howard Reinfeld		
	l'ag	ned or printed name of signed

Typed or printed name of signee

Filing Fees

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