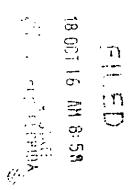
L1800024382S

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

Office Use Only



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10/16/18--01024--013 **190.00

AUROLIS SELVE STATION

OCT 2 2 2018

T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10-76-	
ENTITY NAME	Alto Property LLC
DOCUMENT NUME	BER
	PLEASE FILE THE ATTACHED AND RETURN
<u>XX</u>	Plain Copy Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments Certificate of Good Standing
	**APOSTILLE' / NOTARIAL CERTIFICATION **
COUNTRY OF DEST NUMBER OF CERTI	TINATION
TOTAL OWED	50 - CHECK # 5397
Please call Tina	at the above number for any issues or concerns. Thank you so much!

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.

	(Enter Name of Other Business Entity)
2. The "Other Business	Entity" is a Limited Liability Company
(Enter entity ty	pe. Example: corporation, limited partnership, general partnership, common law or business trust. etc.)
First organized, formed	or incorporated under the laws of Delaware (Enter state, or if a non-U.S. entity, the name of the country)
	(Enter state, or if a non-U.S. entity, the name of the country)
5/24/2001 on	
(date of organization, for	mation or incorporation)
3. The name of the Flor	ida Limited Liability Company as set forth in the attached Articles of Organization:
Alto Property Key	
	(Enter Name of Florida Limited Liability Company)
4. If not effective on the	date of filing, enter the effective date:
The effective date: Car	anot be prior to date of receipt or filed date nor more than 90 calendar days after is filed by the Florida Department of State.)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
5. The plan of conversio	n has been approved in accordance with all applicable statutes.
	er Business Entity" has agreed to pay any members having appraisal rights the amount to



Signed this 15th day of October	20_18
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Ashley Goldsmith	Title: Attorney-in-Fact
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Ashley Goldsmith	
Printed Name: Ashley Goldsmith	Title: Attorney-in-Fact
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Oflicer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	<u>,, , , , , , , , , , , , , , , , , , ,</u>
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership
Signatures of ALL General Partners.	cy Emilieu i arthership.
A II a 4h a	
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status: 18 OCT 15 AH 8:58

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
Alto Property Keys LLC			
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
	principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
16021 Aberdeen Way	16021 Aberdeen Way		
Miami Lakes, FL 33014	Miami Lakes, FL 33014		
	red Office, & Registered Agent's Signature: rgistered Agent. You must designate an individual or another se registered agent are:		
Corporate Creations Network			
Na	ime		
11380 Prosperity Farms Road	11380 Prosperity Farms Road #221E		
Florida street address (P	O. Box NOT acceptable)		
Palm Beach Gardens	FL 33410		
City	Zip		
	d to accept service of process for the above stated limite I in this certificate. I hereby accept the appointment as		

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..

Ashley Goldsmith, Special Secretary

18 007 16 AH 8:58

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Tomas A. Bello
<u></u>	16021 Aberdeen Way
	Miami Lakes, FL 33014
MGR	Ivette Gomez-Bello
	16021 Aberdeen Way 33014
	
(Use attachment if necessary)	
. , , , , , , , , , , , , , , , , , , ,	

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 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.

Ashley Goldsmith, Attorney-in-Fact

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)