# 18000254483

| (Re                     | equestor's Name)   |             |  |  |  |
|-------------------------|--------------------|-------------|--|--|--|
| (Ad                     | dress)             |             |  |  |  |
| (Ad                     | idress)            |             |  |  |  |
| (Cid                    | ty/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |  |
| (Bu                     | usiness Entity Nan | ne)         |  |  |  |
| (Document Number)       |                    |             |  |  |  |
| Certified Copies        | _ Certificates     | s of Status |  |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |  |
|                         |                    |             |  |  |  |
|                         |                    |             |  |  |  |
|                         |                    |             |  |  |  |
| ¦                       |                    |             |  |  |  |

Office Use Only



000319230550

10/17/18--01024--001 ++125.00

10/24/18--01024--008 \*\*25.00

NV 0.1 2018

18 OCT 24 AM 9: 47



October 19, 2018

JOSE MANUEL TORRES 901 PONCE DE LEON BLVD, STE 402 CORAL GABLES, FL 33134

SUBJECT: PAVILO GV,LLV Ref. Number: W18000090937

We have received your document for PAVILO GV,LLV and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 418A00021429

Keyna E Page Regulatory Specialist II

www.sunbiz.org

#### Articles of Conversion

For

#### "Other Business Entity"

Into

### Florida Limited Liability Company

These 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 Sections 605.1045 and 607.1113, Florida Statutes.

- The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: PAVILO GV, INC. (the "Corporation").
- M7-59747 The "Other Business Entity" is a corporation first incorporated under the laws of Florida on July 13, 2017.
- The name of the Florida limited liability company as set forth in the attached Articles of Organization is PAVILO GV, LLC
- The effective date of the conversion is upon filing of these Articles of Conversion with the Florida Department of State.
- The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 21 day of September 2018.

Signature of Authorized Representative of Limited Liability Company:

PAVILO GV, LL

Name: Vose A. Costa, III

Title: Authorized Person

Signature on behalf of Other Business Entity

PAVILO GV, INC

A. Costa, III Name: Jos

Title: President

#### **COVER LETTER**

| TO: New Filing So<br>Division of Co  |   |  |                              |  |                  |
|--|---|--|------------------------------|--|------------------|
| SUBJECT: Pavilo  | GV, LLC   |  |                              |  |                  |
|  |   | ulting Florida Limite                    | d Comp                       | any)   | _                |
|  | s of Conversion, Articl<br>a "Florida Limited Li      | -  |                              |  |                  |
| Please return all corre  | espondence concerning                                 | g this matter to:                        |                              |  |                  |
| Jose Manuel T  | orres   |  |                              |  |                  |
|  | (Contact Person)                                      |  |                              |  |                  |
| Fourshore Capi   | ital, LLC   |  |                              |  |                  |
|  | (Firm/Company)  |  |                              |  |                  |
| 901 Ponce de I   | Leon Blvd. Suite                                      | 402                                      |                              |  |                  |
|  | (Address)   |  |                              |  |                  |
| Coral Gables, F  | L 33134   |  |                              |  |                  |
|  | City, State and Zip Code)                             |  |                              |  |                  |
| jmtorres@four  | shorecapital.com                                      | 1  |                              |  |                  |
| E-mail Address: (to be   | e used for future annual rep                          | port notifications)                      |                              |  |                  |
| For further information  | on concerning this mat                                | ter, please call:                        |                              |  |                  |
| Jose Manuel To   | orres   | _at ( _786)                              | 535                          | 5-4611   |                  |
| (Name of Conta   | ct Person)  |  | (Daytii                      | me Telephone Number)   | _                |
|  | or the following amou<br>a bank located in the l      |  | ocesse                       | d by this office must b  | pe payable in US |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  | □\$155.00 Filing Fees<br>and Certificate of<br>Status | ☐\$180.00 Filing F<br>and Certified Copy | •                            | □\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status | 18 0CT           |
| STREET ADDRESS<br>New Filing Section<br>Division of Corporati<br>Clifton Building<br>2661 Executive Center<br>Tallahassee, FL 3230 | ons<br>er Circle                                      | New Fili                                 | ing Sec<br>of Cor<br>ox 6327 | rporations   | OCT 24 AM 9: 47  |

# ARTICLES OF ORGANIZATION OF PAVILO GV, LLC (A Florida Limited Liability Company)

#### ARTICLE I NAME

The name of the limited liability company (the "Company") is: PAVILO GV, LLC

# ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Company is: 901 Ponce de Leon Boulevard, Suite 402, Coral Gables, Florida 33134.

## ARTICLE III INITIAL REGISTERED OFFICE AND AGENT

The name and Florida street address of the Company's initial registered agent are:

Jose Manuel Torres 901 Ponce de Leon Boulevard, Suite 402 Coral Gables, Florida 33134.

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..

Jose Manuel Torres, Registered Agent

(CONTINUED)

# ARTICLE IV EFFECTIVE DATE AND TIME

These Articles of Organization are effective upon the filing of these Articles of Organization with the Florida Department of State.

# ARTICLE V MANAGEMENT

The Company is a manager-managed company. The names and addresses of the managers are as follows:

| TITLE   | NAME                   | ADDRESS  |  |
|---------|------------------------|--|--|
| Manager | Jose I. Smith          | 901 Ponce de Leon Blvd.<br>Suite 402<br>Coral Gables, FL 33134 |  |
| Manager | Maria Costa Smith      | 901 Ponce de Leon Blvd.<br>Suite 402<br>Coral Gables, FL 33134 | HVISION OF CAR.  18 OCT 24  CLUNCHAIN TALL MINSS |
| Manager | Margarita Costa Suarez | 901 Ponce de Leon Blvd.<br>Suite 402<br>Coral Gables, FL 33134 | AM S   |
| Manager | Alberto J. Suarez      | 901 Ponce de Leon Blvd.<br>Suite 402<br>Coral Gables, FL 33134 | -ORIDA   |
| Manager | Jose A. Costa, III     | 901 Ponce de Leon Blvd.<br>Suite 402<br>Coral Gables, FL 33134 |  |
| Manager | Eduardo C. Costa       | 901 Ponce de Leon Blvd.<br>Suite 402<br>Coral Gables, FL 33134 |  |

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 27th day of September 2018.

Jose A. Costa, III
Authorized Representative