# L1800270526

(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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SECRETARY OF STATE
TALLAHASSEE, "FORID.

W18-95036

## COVER LETTER .

TO:	New Filing Section
	Division of Corporations

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Stella Garces
SE HOSPITALITY LLC
(Firm Company)
5274 Paradise Cay Cir
(Address)
Kissimmer FL 34746 (City, State and Zip Code)
Stella @ Sahos Pitality-us E-mail Address: No be used for future annual report notifications)
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

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)

S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)

□\$155.00 Filing Fees and Certificate of Status

□\$180.00 Filing Fees and Certified Copy

\$185.00 Filing Fees. (Already Sent) Certified Copy, and Certificate of Status

STREET ADDRESS:

**New Filing Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

## Articles of Conversion For

# "Other Business Entity"

Into

### Florida Limited Liability Company

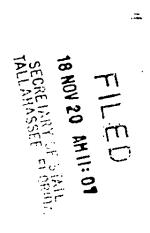
The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Single Member LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of New York state (Enter state, or if a non/U.S. entity, the name of the country)
on August 8th 7018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SG Hospitality LLC (Enter Name of Florida Limited Lijbility 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 1.7th day of November	20_18
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: 510 6000 5	Tille: _ principal_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: Station Cources	Title: PriNCipal
Signature:Printed Name:	Tital
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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)



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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.E.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5274 Davidise Cry Cir Kissimmer, FL 34746 5274 Paradise Cay Cir 15:43 Mare PL 34746

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

otella 00

Name

5774 Paradise Coy Cir Florida street address (P.O. Box NOT acceptable)

<u>Lissimme</u>

<u>FL 24 f</u>

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 (REOUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Stella Garces 5274 Paradise Cay C Rissimber, FL 34746
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	an authorized converentative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member c with section 605.0203 (1) (b), Florida Statutes, I am aware the liment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes, I am aware the iment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	e with section 605,0203 (1) (b), Florida Statutes, I am aware th

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

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