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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
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ALL AHASSEE, FLOKIDA

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T SCHROEDER

December 3, 2018

Terri J. Schroeder Regulatory Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re: 485 Livingston LLC Document #: L18000269198

Dear Mrs. Schroeder

Pursuant to our conversation on December 3, 2018 regarding the referenced LLC please be advised that on this date we filed the necessary online form(s) to dissolve "485 Livingston LLC". This LLC was inadvertently created when we were attempting to convert our OHIO LLC with the same name to a Florida LLC.

Enclosed pleased find the correct form(s) for the conversion.

Additionally, please accept this as confirmation that the undersigned Manuel E. Menendez is the Managing Member of 485 Livingston LLC the inadvertently created Florida limited liability corporation

Document #: L18000269198. The undersigned is authorized to and by these means on behalf of the LLC is releasing the name 485 Livingston LLC so that it may be used for the conversion.

Please feel free to contact me with any questions.

Sincerely,

Manuel E. Menendez

Managing Member of 485 Livingston LLC

COVER LETTER

Division of C	orporations			*
SUBJECT: 485 Livin	gston, LLC.			
	(Name of Res	ulting Florida Limite	d Com	pany)
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization ability Company	on, and in ac	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Eduardo R. Lacasa				
	(Contact Person)			
	(Firm/Company)			
1507 Sunset Dr.				
	(Address)			
Coral gables, Fla. 33143				
	City, State and Zip Code)			
erlacasa@aol.com				
E-mail Address: (to be	e used for future annual rep	port notifications)		
For further information	on concerning this mat	tter, please call:		
Eduardo Lacasa		at (³⁰⁵	773-44	ime Telephone Number)
(Name of Conta-	ct Person)	(Area Code)	(Dayt	ime Telephone Number)
	or the following amou a bank located in the l		ocesso	ed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

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TO: New Filing Section

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

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: 485 Livingston, LLC., an Ohio limited liability company
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a an Ohio 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
(Effect state, of it a non-o.s. clitty, the name of the country)
January 6, 2015 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:
485 Livingston, 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.
Mark Market Comment of the Comment o

Signed this 3rd	day of December	20_18	
Signature of Au	thorized Representative of Limi	ted Liability Company:	
Signature of Aut Printed Name: Ed	horized Representative:	Title: manager member	
Signature(s) on l	behalf of Other Business Entity: [See below for required signature(s)]	
Signature: Variety Name: Ma	anuel E. menendez	_ Title: general partner	
Printed Name:		_ Title:	
Signature:		Title:	
Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature: Printed Name:			
If Florida Corpo Signature of Chai If Directors or Of		Officer. corporator must sign.	
Signature of one (<u></u>	
	<u>ed Partnership or Limited Liabilit</u> <u>L</u> General Partners.	y Limited Partnership:	
All others: Signature of an au	athorized person.		IA _S
Fees:			ECRE
Fees for F Certified	of Conversion: Florida Articles of Organization: Copy: e of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TELED 18 DEC -3 PHIZ: ECRETARY OF STAILLIANASSEE, FLORE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: Same Coarl Gables, Fl. 33143 Corel 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: Eduardo R. Lacasa Name	
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(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: Eduardo R. Lacasa	
Name	
1507 Sunset Dr.	
Florida street address (P.O. Box NOT acceptable)	
Coral Gables FL 33143	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	as of all and
Registered Agent's Signature (REQUIRED) (CONTINUED)	T)

1. 3. 1. 1. 1.

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Eduardo R. Lacasa	
	1507 Sunset Dr.	
	Coral Gables, Fl. 33143	
MGR	Manuel E. Menendez	
	1507 Sunset Dr.	
	Coral Gables, Fl. 33143	
		
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(Use attachment if necessary)	- 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IT
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RTICLE V: Other provisions, if any.	DRAI O	
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REOGIRED 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.

Manuel E. Menendez

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)