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Certified Copies	Certificate	s of Status
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Special Instructions to Fil	ling Officer:	

Office Use Only



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12/27/18--01007--028 **165.00

SECRETARY OF STATE

TEO

COVER LETTER

SUBJECT: J	+ K PARK	PLACE	LLC
	(Name of Res	sulting Florida Limited Ćo	mpany)
			nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please return all corres	pondence concerning	g this matter to:	
JOSEPH	R. PADI	ron	
	(Contact Person)		
	(Firm/Company)		
15230 W	(Address)	UAY	
PEMBROKE (Cit	PINES , F	2 33027	
JRACAA9	y, State and Zip Code)	COM	
E-mail Address: (to be a	used for future annual re	port notifications)	
For further information	concerning this ma	tter, please call:	
Joseph R. (Name of Contact	PADRON	at(30√)	773-4229
(Name of Contact	Person)	(Area Code) (Da	ytime Telephone Number)
Enclosed is a check for dollars and drawn on a		· · · · · · · · · · · · · · · · · · ·	sed 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 Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	ADDRESS:
New Filing Section		New Filing S	Section
Division of Corporation	ns	Division of 0	•
Clifton Building		P. O. Box 63	327

Tallahassee, FL 32314

INHS11 (7/17)

2661 Executive Center Circle

Tallahassee, FL 32301

TO: New Filing Section Division of Corporations

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: ### PARK PLACE , INC. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(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)
on ///9/20/4 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
T+K PARK PLACE, LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: DATE OF FILING
(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.

PILED
2018 DEC 27 PM 1: 15
SECRETARY OF STATE
TALL APASSEF, FI

Signed this 20 day of DECE 1 BE	<u>2018</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Joseph R. PADRON	Title: A V P
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
OR Drawn	
Signature: DR Vadure: Printed Name: DOSE OH R. PADRON	Title: V A
Signature: Printed Name:	Title:
Signature: Printed Name:	
Signature: Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Must contain the words "Limited Liability Company, "L.L.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:
PEMBROKE PINES, FL SOUT PEMBROKE PINES, FL SSOUT
PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027
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:
JOSEPH R. PADRON Name
Name
13458 Su) 118 ST
133V8 SW 128 ST Florida street address (P.O. Box NOT acceptable)
_
MIAMI FL 35/86 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)

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

"AMBR" = Authorized Member "MGR" = Manager	
AMBR	KATHLEEN C. PADRON IN 130 WILSHIRE WAY PEMBROKE PINES, FL 3302 JOSEPH R. PADRON IN 130 WILSHIRE WAY PEMBROKE PINES, FL 3301
(Use attachment if necessary) ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE;	
JRVC	
This document is executed in accordance v	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
	ADRON

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