# 1190000

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 577834 4804310

AUTHORIZATION :

COST LIMIT : \$ 1/50.00

ORDER DATE: January 11, 2019

ORDER TIME : 3:07 PM

ORDER NO. : 577834-010

CUSTOMER NO: 4804310

#### DOMESTIC FILING

NAME: PERFECT 72 INVESTMENTS, LLC

#### EFFECTIVE DATE:

XX ARTICLES OF CONVERSION
WITH ATTACHED ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS:

#### **COVER LETTER**

TO:	New Filing Son Division of C					
	D 6 . 70	-				
SUBJ	ECT:	2 Investments, LLC (Name of Res	sulting Florida Limi	ted Cor	ompany)	
Busine	ess Entity" into		iability Company		and fees are submitted to convert an "Oth accordance with s. 605.1045, F.S.	ner
Matthe	w Mamak				\$	
		(Contact Person)		-	TALL	-11
Alston	& Bird LLP				7	سب سب
<del></del>	-	(Firm/Company)		-		
90 Parl	Avenue, 15th Flo	oor			70	FILE 1.06
		(Address)		-		 
New Y	ork, NY 10016					6
		City, State and Zip Code)		-		
	w.mamak@alston 		·	_		
E-m	ail Address: (to b	e used for future annual re	port notifications)			
For fu	rther information	on concerning this ma	tter, please call:			
Matthe	w Mamak		_at ( <sup>212</sup>	1210-	-1256	
	(Name of Conta	ct Person)		(Day	aytime Telephone Number)	
Enclos dollars	sed is a check for and drawn on	or the following amou a bank located in the	int: (All checks p United States)	roces:	ssed by this office must be payable in U	S
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
New F Division Clifton	ET ADDRESS Tiling Section on of Corporati Building Executive Center	ons	New Fi Divisio P. O. B	iling S in of C lox 63	ADDRESS: Section Corporations 327 . FL 32314	

Tallahassee, FL 32301

# **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 Perfect 72 Investments, LLC	of Conversion is:
(Enter Name of Other Business Entity)	F. C. 19
2. The "Other Business Entity" is a	1982年二
(Enter entity type. Example: corporation, limited partnership, general partnership, common la	w or business trust, etc.)
First organized, formed or incorporated under the laws of	## E !!
(Enter state, or if a non-U.S. entity, the nan	ne of the country.
January 19, 2017 On	₹ <b>6</b>
(date of organization, formation or incorporation)	*****
3. The name of the Florida Limited Liability Company as set forth in the attached Articles Perfect 72 Investments, LLC	s of Organization:
(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 cathe 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 wild 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.

/s/ Brett Jaffe Title: Member	
Title: Member	
	-
Entity: [See below for required signature(s)]	
Title: Member	• •
Title:	•
Title:	· = 0 5
Title:	
	ME IM
Title:	工業主て
	\$ <b>9</b>
Title:	Er.
ector, or Officer. ed, an Incorporator must sign. d Liability Partnership:	
	Title:

All others:
Signature of an authorized person.

### Fees:

Articles of Conversion: \$25.00 \$125.00

Fees for Florida Articles of Organization: Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:		
The name of the L	limited Liability Comp	pany is:	
Perfect 72 Investmen	its, LLC_		
(M	lust contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddraec		
		of the principal office of the Limited	Liability Company is:
_			
Principal Office .	Address:	<b>Mailing Address:</b>	TALLON TO LAND
1150 NE 86th Street		1150 NE 86th Street	一義三一
Miami, FL 33138		Miami, FL 33138	nt's Signature:
			里世
			12
(The Limited Liability C business entity with an	Company cannot serve as its of active Florida registration.)	gistered Office, & Registered Ager own Registered Agent. You must designate an in	nt's Signature:
The name and the	r forida street address	of the registered agent are:	
	Jonathan Jaffe		
		Name	
	1150 NE 86th Street		
	Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
	Miami	FL 33138	
	City	Zip	
liability comp registered agent statutes relativ	vany at the place desig and agree to act in thi ng to the proper and co	nt and to accept service of process for mated in this certificate, I hereby acci is capacity. I further agree to comply mplete performance of my duties, and on as registered agent as provided for	ept the appointment as with the provisions of all d I am familiar with and
		C. C (DEOLUBED)	
	Registered Agen	nt's Signature (REQUIRED)	

(CONTINUED)

### ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	D I
AMBR	Brett Jaffe
	340 East 80th Street, Apt. 7C
	New York, NY 10075
AMBR	Jonathan Jaffe
	1150 NE 86th Street
	Miami, FL 33138
	₹v.
<del></del>	<del></del>
	(A)
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any,	
LE V: Other provisions, if any,  REQUIRED SIGNATURE:	
LE V: Other provisions, if any,	
LE V: Other provisions, if any,  REQUIRED SIGNATURE:  /s/ Brett Jaffe  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  /s/ Brett Jaffe  Signature of a member or This document is executed in accordance	e with section 605,0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE:  /s/ Brett Jaffe  Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  /s/ Brett Jaffe  Signature of a member or This document is executed in accordance any false information submitted in a document of the second of the	e with section 605,0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE:  /s/ Brett Jaffe  Signature of a member or This document is executed in accordanc any false information submitted in a doct as provided for in s.817.155, F.S.  Brett Jaffee	e with section 605,0203 (1) (b), Florida Statutes, I am aware