L190000060907

(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:
File 2nd

Office Use Only



000325771730

SECRETARY OF STATE FALLAHASSED FLOPIDA

FILED
19 MAR 11 AM 9: 46

TAIL AT ID: AT I

JAKIASIN

T **SCHROEDE**R

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 665261 4369500
AUTHORIZATION: Spelle Reman
COST LIMIT : \$ 1285.00
OPDED DATE: Marrile 4 0010
ORDER DATE: March 4, 2019
ORDER TIME : 3:12 PM
ORDER NO. : 665261-010
CUSTOMER NO: 4369500
DOMESTIC FILING
NAME: B & I PROPERTIES LLC
EFFECTIVE DATE:
XX ARTICLES OF CONVERSION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XXX CERTIFIED COPY XXX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

COVER LETTER

TO:	New Filing S Division of C					
orin.	ECT: B&IPn	•				
SUBJ	ECI:		sulting Florida Lin	nited Cor	mpany)	
			-		nd fees are submitted to cor accordance with s. 605.104.	
Please	return all corr	espondence concernin	g this matter to	:		
Mohar	ned Barakat					
	- -	(Contact Person)		_		
Prime	Enterprises Inc					
	- -	(Firm/Company)		_		
16363	NW 49 Ave					
		(Address)		_		
Miami	FL 33014					
	((City, State and Zip Code)		_		
accoun	ting@primeenterp	orises.com				
E-n	iail Address: (to b	e used for future annual re	port notifications)	_		
For fu	rther informati	on concerning this ma	tter, please call	:		
Mohan	ned Barakat		at (³⁰⁵) 625-4	4929	
	(Name of Conta	ct Person)		e) (Day	ytime Telephone Number)	
		or the following amou a bank located in the		process	sed by this office must be ${\mathfrak p}$	payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	-	□\$180.00 Filin and Certified Co		S185.00 Filing Fees, Certified Copy, and Certificate of Status	
New F Division Clifton 2661 E	ET ADDRESS iling Section on of Corporati a Building Executive Center assee, FL 3230	ons er Circle	New I Divisi P. O.	Filing S ion of C Box 63:	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: B & I Properties
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a general partnership
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
January 31, 1990 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:
B & I Properties II, 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.

"19 MAR II AM 9: 46
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

Signed this 3	day of March	20_19
		imited Liability Company:
Signature of Authorize Printed Name: Ibrahim I	ed Representative:	Title: Authorized Member
Signature(s) on behal	f of Other Business Entit	v: [See below for required signature(s)]
Signature:		
Printed Name: Itrahin I	3arakat	Title: Partner
Signature		
Printed Name:		Title:
Signatura		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
		
Signature:		
Printed Name:		Title:
If Florida Corporation	n:	
	Vice Chairman, Director,	or Officer.
If Directors or Officers	have not been selected, an	Incorporator must sign.
If Florida General Par Signature of one Gener	rtnership or Limited Lia al Partner	bility Partnership:
If Florida Limited Par Signatures of <u>ALL</u> Ger		bility Limited Partnership:
All others: Signature of an authoriz	zed person.	
Fees:		

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	II, LLC		
	(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing ac		e principal office of the Limite	ed Liability Company is:
Principal Offi	ce Address:	Mailing Address:	
16363 NW 49 Av	ve	16363 NW 49 Ave	
Miami, FL 33014	1	Miami, FL 33014	
The name and	the Florida street address of the Mohamed Barakat		FIL 19 MAR I I SECRETARY ALLAHASSE
	Name		F-0-4
	16363 NW 49 Ave		- 1°9 ≥ <u>M</u>
		P.O. Box <u>NOT</u> acceptable)	AM 9:4
		P.O. Box <u>NOT</u> acceptable) FL 33014	7 S 7 C
	Florida street address (I		AM 9:46 OF STATE FLORIDA

(CONTINUED)

Registered Agent's Signature (REQUIRED)

FILED

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Mohamed Barakat	-
	16363 NW 49 Ave	
	Miami, FL 33014	
AMBR	Hassain Issa	
	16363 NW 49 Ave	
	Miami, FL 33014	
AMBR	Maged Barakat	
	16363 NW 49 Ave	
	Miami, FL 33014	
		ĀŞ
AMBR	Ibrahim Barakat	
	16363 NW 49 Ave	
	Miami, FL 33014	32
(Use attachment if necessary)		SEE SEE
(= ===================================		بر در این
ICLE V: Other provisions, if any.		TATE ORIDA
		17.9

REQUIRED 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

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.

Ibrahim Barakat

Typed or printed name of signee

Filing Fees

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)