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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
(Bus	siness Entity Name	<u> </u>
(Doc	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer:	
	Office Use Only	,



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J. FASON NOV 2 2 2019

COVER LETTER

	New Filing So Division of C					
SUBJE	ECT:	Rocke	+ -	Tennis	5+	AR.
		(Nam	e of Res	ulting Florida Limit	ed Com	pany)
				_		d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	return all corre	spondence con	cerning	g this matter to:		
	CARlo	s Gir	OlA	SHAR		
	Rock	(Contact Person) 10 N 12	s STAR		
		(Firm/Company)			
1050	o Eucli	d Ave	H 30	3		
,	MIAM	(Address)	ch	3 FL 33	313	9
	((City, State and Zip	Code)	/ -		
	GIRC	1AShe	F- @	9 M > V -	CO	
E-ma	ail Address: (to b	e used for future ar	inual rep 	oort notifications)		
For fur	_	•	1	ter, please call:		_
	CAR	los Gir	OIA	at (610	g	12-6289 time Telephone Number)
	(Name of Conta	ct Person)		(Area Code)	(Dayt	time Telephone Number)
		or the following a bank located			rocesso	ed by this office must be payable in US
(\$25 for	for Articles	\$155.00 Filing and Certificate of Status		□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	ET ADDRESS	S:				DDRESS:
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	n of Corporati Building	ons		Divisio: P. O. Be		orporations 27
	xecutive Cente	er Circle		_		TL 32314

INHS11 (7/17)

Tallahassee, FL 32301

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 Flori Statutes.	ida Limited Liability Company in accordance with s.605.1045, Florida
1. The name of the "Other Business E	Entity" immediately prior to the filing of the Articles of Conversion is:
	Name of Other Business Entity)
2. The "Other Business Entity" is a [Enter entity type. Example:]c	CORPORATION corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporate	d under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on APRIL 4 th, 20 (date of organization, formation or incorp	19.
3. The name of the Florida Limited Li	iability Company as set forth in the attached Articles of Organization:
Rocket	t tennis Star
(Enter Name of	Florida Limited Liability Company)
the date this document is filed by the	to date of receipt or filed date nor more than 90 calendar days after e Florida Department of State.) ot meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been app	proved in accordance with all applicable statutes.
	ntity" has agreed to pay any members having appraisal rights the amount to der ss. 605.1006 and 605.1061-605.1072, F.S.
	2019 OCT 28 SECRE SEASON

Signature:Printed Name:	////
Signature(s) on behalf of Other Business Entity: [Softman Signature: Printed Name: Signature: Signat	
Signature(s) on behalf of Other Business Entity: [Softman Signature: Printed Name: Signature: Signat	(20 n = 1 l n
Signature: Printed Name:	Title: Resident
Signature: Printed Name: Signature: Printed Name: Signature: Printed Name:	ee below for required signature(
Signature: Printed Name: Signature: Printed Name: Signature: Printed Name:	
Signature: Printed Name: Signature: Printed Name:	Title: Residen
Signature: Printed Name: Signature: Printed Name:	
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Printed Name:	Title:
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Signature:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or Of	fficer.
If Directors or Officers have not been selected, an Inco	rporator must sign.
If Florida General Partnership or Limited Liability	Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability	Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
(Ψ <i>ω.</i> υ.∪∪
Certified Copy: Certificate of Status:	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

et Tennis!	STAR LLC
the words "Limited Liability (Company, "L.L.C.," or "LLC.")
reet address of the prir	ncipal office of the Limited Liability Company is:
	Mailing Address:
Ave # 303 FL 33139	MIANI BOOCH, FL 33139
	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
treet address of the rea	egistered agent are:
CARLOS	GIROLA
Name	
o Euclid A	tue#303
a street address (P.O.	Box NOT acceptable)
AMI BEACH	A FL 33139
City	Zip
he place designated in t ee to act in this capacit proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
	the words "Limited Liability reet address of the principle of the position as registration as registratio

(CONTINUED)

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
	CARLOS GIROLA
AMBR	1150 Euclid Are # 303
	Minni Band F/ 33
11 (8	0 100 6 100 100
10161	Partnicit Echevery los
	1150 and the # 303
	MANA BEOCK, Fr. 3313
ľ	1
(Use attachment if necessary)	
F V. Other provisions if any	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
	2/11
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member o	r an authorized representative of a member
Signature of a member of This document is executed in accordan	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the
Signature of a member of This document is executed in accordan any false information submitted in a doc as provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes, I am aware the cument to the Department of State constitutes a third degree felor
Signature of a member of This document is executed in accordan any false information submitted in a doc as provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
Signature of a member of This document is executed in accordan any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, I am aware the cument to the Department of State constitutes a third degree felometry of the constitutes at the the cons

ARTICLE IV-