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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
Considerations to Filips Officer
Special Instructions to Filing Officer:

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SECRLIARY OF STATE
JIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section Division of Corporations		
·	204110	
SUBJECT: MADERO BEACH (Name of Res	204 LLC sulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li		on, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
SANTIAGO MOLINA		
(Contact Person)		
(Firm/Company)		
11200 99TH STREET UNIT 402 (Address)		
BAY HARBOR 33154 FL		
(City, State and Zip Code)		
ANALIA@MIAMIBAYRES.COM		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	tter, please call:	
SANTIAGO MOLINA	at (786)	7075231
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	•	rocessed by this office must be payable in US
\$\sqrt{2}\$ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\sqrt{2}\$ \$150.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: MADERO BEACH 204 LLC
(Enter Name of Other Business Entity)
The "Other Business Entity" is a <u>CORPORATION</u> (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 04/24/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MADERO BEACH 204 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.

Signed this 10 day of DECEMBER	20_19
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: SANTIAGO MOLINA	Title: _MANAGER
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: SANTHAGO MOLINA	
Printed Name: SANTIAGO MOLINA	Title: MANAGER
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
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 Ind	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
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: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MADERO BEACH 204 L.L.C.		
(Must contain the words "Limited Li	Liability Company, "L.L.C.," or "LLC.")	
	masking company. Sizion of BZC.	
ARTICLE II - Address:	ha minainal office of the Limited Linkility Com-	
The maning address and street address of tr	he principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
4111 S OCEAN DR UNIT 204,	4111 S OCEAN DR UNIT 204,	
HOLLYWOOD 33019 FL	HOLLYWOOD 33019 FL	
2020 NE 163 ST 300D Miami, FL, 33162	the registered agent are: Name (P.O. Box NOT acceptable)	
	FL	
City	Zip	
		d limited

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	SANTIAGO MOLINA 4111 S OCEAN DR UNIT 204, HOLLYWOOD 33019 FL
	·
(Use attachment if necessary) CLE V: Other provisions, if any.	
(Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE: Als Calcle	2
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware tha ment to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. SANTIAGO MOLINA	with section 605.0203 (1) (b), Florida Statutes. I am aware tha nent to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. SANTIAGO MOLINA	with section 605.0203 (1) (b), Florida Statutes. I am aware tha ment to the Department of State constitutes a third degree felon ped or printed name of signee
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. SANTIAGO MOLINA Typ	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon ped or printed name of signee Filing Fees of Organization and Designation of Registered