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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ied Copies Certificates of Status
ecial Instructions to Filing Officer:

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COVER LETTER

New Filing So Division of C			
ECT: BRICK R	RIVER, LLC		
15C1	(Name of Res	ulting Florida Limited (Company)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
: return all corre	espondence concerning	g this matter to:	
D RIVERA			
	(Contact Person)		
K RIVER, LLC			
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
WILEY CT			
	(Address)		
_YWOOD,FL 330	20		
	City, State and Zip Code)		
osfs@comcast.ne	•		
_	e used for future annual re	port notifications)	
further information	on concerning this ma	iter, please call:	
IIO BERMUDEZ		_at () ⁷⁰	9-5340
(Name of Conta	act Person)	(Area Code) (Daytime Telephone Number)
	or the following amou a bank located in the		ressed by this office must be payable in US
3150.00 Filing Fees 5 for Conversion 125 for Articles Organization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	s
REET ADDRES	S:	MAILING	G ADDRESS:
w Filing Section		New Filin	
vision of Corporat	ions		f Corporations
ifton Building		P. O. Box	6527

Tallahassee, FL 32314

61 Executive Center Circle

llahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

ne 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 atutes.

d this 10 day of 05	20 19		
iture of Authorized Representative of Limit	ed Liability Company:		
ture of Authorized Representative: 4 Name: JOSE D RIVERA	Title: AMBR		
ture(s) on behalf of Other Business Entity: [5	See below for required signature(s)]		
ture: ±:d Name: JOSE D'RIVERÀ	Title: AMBR		
ture:ed Name:	_ Title:		
ture:			
iture:			
iture:			
ed Name:	_ Title:	•	
iture:ed Name:	Title:		
orida Corporation: uture of Chairman, Vice Chairman, Director, or C rectors or Officers have not been selected, an Inc			
orida General Partnership or Limited Liabilit nture of one General Partner.	y Partnership:		
orida Limited Partnership or Limited Liabilit ntures of <u>ALL</u> General Partners.	y Limited Partnership:		
thers: iture of an authorized person.		٠,	10
			- 1
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

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
BRICK RIVER, LLC (Must contain the words "Limited Liability	Company "L.E.C." or "L.E.C.")	
(Must contain the words) Limited Elability	Company, Caraca, on the same	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Liability Company is	:
Principal Office Address:	Mailing Address:	
		
2546 WILEY CT	2546 WILEY CT HOLLYWOOD, FL 33020	
HOLLYWOOD, FL 33020	HOLET WOOD, FE 33020	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another	
The name and the Florida street address of the re	registered agent are:	
JOSE D RIVERA		
Name	2	
2546 WILEY CT		
Florida street address (P.O.	Box NOT acceptable)	
Tiorial street desires (1.10)		
HOLLYWOODI	FL 33020	
City	Zip	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limital this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of performance of my duties, and I am familiar with an eistered agent as provided for in Chapter 605, F.S	: fall 1d
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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 AMBR	JOSE D RIVERA
AWBN	2546 WILEY CT
	HOLLYWOOD, FL 33020
AMBR	EDITH S TABORA PEREZ DE RIVERA
	2546 WILEY CT
	HOLLYWOOD, FL 33020
(Use attachment if necessary)	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b). Florida Statutes, I am aware th
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a sprovided for in s.817.155, F.S. JOSE D RIVERA	with section 605.0203 (1) (b). Florida Statutes, I am aware th
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. JOSE D RIVERA	with section 605.0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a sprovided for in s.817.155, F.S. JOSE D RIVERA	with section 605.0203 (1) (b). Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felow red or printed name of signee.