

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)	-
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only

JA42777



400330269294

06/21/19--01008--010 **150.00

PORT PARTY CONTROL OF THE PART



November 22, 2019

TAL SHAKED 4051 N OCEAN DRIVE 2 FORT LAUDERDALE, FL 33308

SUBJECT: SHAKED LLC Ref. Number: W19000061570

We have received your document for SHAKED LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

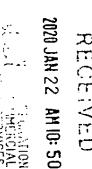
You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 219A00023879





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2019

TAL SHAKED 4051 N OCEAN DRIVE 2 FORT LAUDERDALE, FL 33308

SUBJECT: SHAKED LLC Ref. Number: W19000061570

We have received your document for SHAKED LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II 2019[[***2] P]] 4:45

Letter Number: 119A00016341



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2019

TAL SHAKED 4051 N OCEAN DRIVE 2 FORT LAUDERDALE, FL 33308

SUBJECT: SHAKED LLC Ref. Number: W19000061570

We have received your document for SHAKED LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in both the Certificate of Conversion and Articles of Organization is not distinguishable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

www.sunbiz.org

Letter Number: 619A00013473

Articles of Conversion

For

"Other Business Entity"

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: SHAKED LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (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 \(\frac{1/1/2017}{\text{(date of organization, formation or incorporation)}}\) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SHAKED REALTY LLC
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date:
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 th	is <u>1</u>	day of AUGUST		20 <u>19</u>	:	
Signatur	e of Authori	zed Representati	ve of Limite	<u>d Liabi</u>	lity Company	<u>:</u>
Signature Printed N	of Authorizane: <u>TAL SH</u>	ed Representative: AKED	-	Title: A	MBR	
Signaturo	e(s) on behal	f of Other Busines	s Eptity: S	ee belov	w for required	signature(s)
Signature Printed N	: ame: <u>Tal</u>	Shaked		Title: _	Owner/	Mgr
Signature Printed N	:	Shukk	d	Title: _	Owner	
Signature Printed N	lame:			Title: _		
Signature Printed N	e: Vame:			_Title: _		
Signature Printed N	e: Name:			_ Title:		
Signatur	la Corporati e of Chairma ors or Office	on: n. Vice Chairman. rs have not been se	Director, or (lected, an Inc	Officer. orporate	or must sign.	
<u>If Florid</u> Signatur	la General P e of one Gen	artnership or Lin eral Partner	iited Liabilii	y Partn	ership:	
<u>If Florid</u> Signatur	la Limited P es of <u>ALL</u> G	artnership or Lin eneral Partners.	iited <u>Liabili</u> t	y Lim <u>it</u>	ed <u>Partnershi</u>	<u>p:</u>
All othe Signatur	e <u>rs:</u> re of an autho	rized person.				
Fees:						
	Anicles of C Fees for Flor Cenified Co Cenificate o	ida Articles of Or py:	ganization:			

2019 DEC 22 AM 10: 13 SECREDARY SEED BATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION 1		
ARTICLE I - Name: The name of the Limited Liability Company is:		
SHAKED REALTY LLC (Must contain the words "Limited Liability	Company. "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
4051 N OCEAN DRIVE, APT I		
FORT LAUDERDALE, FL 33308		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration.		ent's Signature: individual or another
LANDESMAN & ASSOCIATES		
Namo		
11528 W STATE ROAD 84, SU	ITE 1974	
Florida street address (P.O	. Box NOT acceptable)	
DAVIE	FL 33325	
City	Zip	
Having been named as registered agent and the liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as re	city. I further agree to comp	oly with the provisions of all and I am familiar with and
Registered Agent's Sig	mature (REQUIRED)	2019 DEC 2: \$ECRALKS FALLASS
(CONTI)	NUED)	22 1A3

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	TAL SHAKED
AMBR	4051 N OCEAN DRIVE, APT 1
	FORT LAUDERDALE, FL 33308
	PORT ENGBIRDALE, 12 23300
	
Use attachment if necessary)	
Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor
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.	with section 605.0203 (1) (b). Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. TAL SHAKED	with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. TAL SHAKED	with section 605.0203 (1) (b). Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felor tree or pripage page of signer.
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. TAL SHAKED	re with section 605.0203 (1) (b). Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felor repeator printed name of signee Fring Fees
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. TAL SHAKED	re with section 605.0203 (1) (b). Florida Statutes. I am aware that sment to the Department of State constitutes a third degree felor reped-or printed name of signee Fring Fees of Organization and Designation of Registered

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

ARTICLE IV-