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



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CHISTON OF CORPORATIONS

COVER LETTER

Division of Co	orporations	_	
SUBJECT:	1e Plaza (Name of Res	Beach Me	itel LC
	(Name of Res	ulting Florida Limited (Company)
The enclosed Articles Business Entity" into	of Conversion, Artic a "Florida Limited Li	les of Organization, ability Company" is	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:	
Michael	(Contact Person) Kr PLLC		
Fachn	er PLLC		
600 Bu	(Firm/Company) PUSS DY (Address)	Stc 100	
0 1	(Address)		
(Legge Co	x x y	25/69	
Alings	City. State and Zip Code) Comparison e used for future annual rep	hner con	7
E-mail Address: (to be	e used for future annual re	port notifications)	
For further information			
Michael 1 (Name of Conta	Colorer Ct Person)	at (727) (Area Code) (443-5190 × 101 Davtime Telephone Number)
Enclosed is a check for dollars and drawn on			essed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing Fee and Certified Copy	S185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Addr New Filing Se			<u>eet Address:</u> w Filing Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: New Filing Section

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 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:
(Enter Name of Other Business Entity) Paa00002475
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a Florida Corporation, limited partnership, general partnership common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florical a
on Solution or incorporation. (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: The Plaza Beach Matel LLC
(Enter Name of Florida Limited Linbility 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 19th day of December	20 19
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: Mari Czyszczen.	Title: Manager
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)}
Signature: KIZUITAI CAMMY	
Signature: Krzystof Czysony Printed Name: Krzystof Czysoczon	Title: President
Signature:	Tid
Printed Name:	Titte:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ry 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

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The name of the Limited Liability Company is:

The Plaza Beach Motel LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4506, Gulf Blud	4506 Gulf Blud
St. Peta Reach, FL	5t. Peta. Bocah, FL
33706	33706

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mari CZGSZCZCV

Name U

4506 Gulf Blvcl

Florida street address (P.O. Box NOT acceptable) St. Pete Beach FL 33706

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Mari Czyszcon 4506 Gulf Blud St. Peter Beach, FL 33795
	
(Use attachment if necessary)	
27ICLE V. Other manufalana (Con-	
RTICLE V: Other provisions, if any.	
CTICLE V: Other provisions, it any.	
REQUIRED SIGNATURE:	2 / / / / / / / / / / / / / / / / / / /
Signature of a member of This document is executed in accordant	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felony

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)