# 120000044558

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

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SECRETARY OF TAIL

Ir ginwales

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

1110110. 030 330 1300
ACCOUNT NO. : I2000000195
REFERENCE : 155622 4346691
AUTHORIZATION: Smelle man
COST LIMIT : \$180.00
ORDER DATE : January 28, 2020
ORDER TIME : 2:08 PM
ORDER NO. : 155622-005
CUSTOMER NO: 4346691
<u>DOMESTIC</u> CONVERSION FILING  NAME: AMERICAN PLAZA, INC.
EFFECTIVE DATE:
XX ARTICLES OF CONVERSION AND ARTICLES OF ORGANIZATION RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Kadesha Roberson -- EXT#

#### **COVER LETTER**

TO: New Filing S Division of C				
	•			
SUBJECT: Ame	erican Plaza Holding	S LLC sulting Florida Limi	Iad Car	
	(Name of Re	sating Florida Limi	iea Coi	npany)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	eles of Organizat iability Company	ion, ar y'' in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	respondence concernin	g this matter to:		
	Benjamin Miller			
	(Contact Person)		-	
	corge D. Periman, P.A.			
	(Firm Company)		-	
144	l Brickell Ave. Suite 1400			
	(Address)		_	
	Miami, FL 33131			
(1	City, State and Zip Code)		_	
	ben@gplawintl.com			
E-mail Address: (to b	e used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
Benjamin N	liller	at ( )at	١	** ****
(Name of Conta	ict Person)	_at ( <u>305</u> (Area Code)	(Day	time Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	int: (All checks p		sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	조\$180.00 Filing and Certified Cop	Fees y	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr New Filing Sc Division of Co P.O. Box 632 Tallahassee, F	ection Orporations 7		New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

### **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.

l.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  American Plaza, Inc.
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	st organized, formed or incorporated under the laws of Florida
	(Enter state, or if a non-U.S. entity, the name of the country)
Ωn	3-8-1976
On	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	American Plaza Holdings LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the	e date this document is filed by the Florida Department of State.)
No doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument'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.

, 	13th a s tannas		
Signed inis	13th day of Januar	3 20 <u>_20</u>	<del></del>
Signature (	of Authorized Representativ	e of Limited Liabili	ty Company:
Signature o	f Authorized Representative:		<b>3</b>
Printed Nan	ic: GABRIEL GONZALO ALVAR	EZANTON Title:	Manager
Signature(s	) on behalf of Other Business	Entity: See below	for required signature(s)
Signature:	7201		
Printed Man	IC. GABRIEL GONZALO ALVA	REZANTON Title:	Director
Signature:	Mariangle flow for	N.	
Printed Nan	C: MARIANGELA ALVAREZ ANTON	DERIVERO Title:	Director
Signature: Printed Nan	ıc:	Title	<del></del>
Signature: Printed Nan	ne:	Tielas	
r inned Pati		Hite;	
Signature:	ie:	<del></del>	
Printed Nan	le:	Title:	<del></del>
Signaturc:			
Printed Nan	e:	Title:	
	orporation:		
Signature of	Chairman, Vice Chairman, Di	rector, or Officer.	
II DHECIOIS	or Officers have not been selec	led, an Incorporator ii	nist sign.
if Florida C	eneral Partnership or Limite	d Liability Partners	bip:
Signature of	one General Partner.		
<mark>If Florida L</mark> Signatures o	imited Partnership or Limite FALL General Partners.	d Liability Limited I	Partnership:
All others: Signature of	an authorized person.		
ees:	•		
- ! حار	150.		
	les of Conversion: for Florida Articles of Organi	\$25.00 zation: \$125.00	
	c c		
Certi	fied Copy; ficate of Stanus;	\$30.00 (O <sub>1</sub>	ptional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	American Plaza I	laldings LLC
(Mu	ist contain the words "Limited Lia	bility Company, "L.E.C.," or "LLC.")
ARTICLE 11 - Ad	dress:	
The mailing addres	s and street address of the	principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
1441 Brickell Ave, S	Suite 1400	1441 Brickell Ave, Suite 1400
Miam, FL 33131  ARTICLE III - Re (The Limited Liability Co-	empany cannot serve as its own R active Florida registration.)	Miam, Fl. 33131  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
Miam, FL 33131  ARTICLE III - Re (The Limited Liability Co-	empany cannot serve as its own R ictive Florida registration.) Florida street address of the	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
Miam, FL 33131  ARTICLE III - Re (The Limited Liability Co-	empany cannot serve as its own Rictive Florida registration.)  Florida street address of the George D. P	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
Miam, FL 33131  ARTICLE III - Re (The Limited Liability Co-	empany cannot serve as its own Rictive Florida registration.)  Florida street address of the George D. P	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are: erlman, P.A. ame
Miam, FL 33131  ARTICLE III - Re (The Limited Liability Co-	empany cannot serve as its own Rictive Florida registration.)  Florida street address of the George D. P.  No. 1441 Brickell Ave., Suite	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are: erlman, P.A. ame
Miam, FL 33131  ARTICLE III - Re (The Limited Liability Co-	empany cannot serve as its own Rictive Florida registration.)  Florida street address of the George D. P.  No. 1441 Brickell Ave., Suite	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are: erlman, P.A. ame

Registered Agent's Signature (REQUIRED)

accept the obligations of my-position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

<u> Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	GABRIEL GONZALO ALVAREZ ANTO
MGR	
	1441 Brickell Ave. Suite 1400
	Miami, FL 33131
MGR	MARIANGELA ALVAREZ ANTON DE I
	1441 Brickell Ave, Suite 1400
	Miami, FL 33131
<del></del>	
Use attachment if necessary)	
Use attachment if necessary)  LE V: Other provisions, if any.	
•	Director of American Plaza Inc.
Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware unent to the Department of State constitutes a third degree f
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, P.S.  Gabriel G. Alva	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware unent to the Department of State constitutes a third degree f

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

ARTICLE IV-

REQUIRED SIGNATURE:

Manager of American Plaza Holdings LLC

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gabriel G. Alvarez

Typed or printed name of signee

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)