

L20000105763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

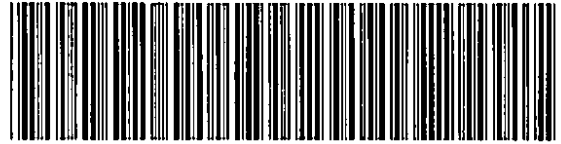
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900342487829

04/22/20--01001--005 \*\*125.00

04/03/20--01026--016 \*\*25.00

FILED  
20 APR 14 PM 4:35  
TALLAHASSEE, FLORIDA

O'KEEFE  
APR 21 2020

W20-35756



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2020

ILENE MCMENAMIN  
ELEVENTH COURT ASSOCIATES  
1207 SW 21ST STR.  
FORT LAUDERDALE, FL 33316

SUBJECT: ELEVENTH COURT ASSOCIATES LLC  
Ref. Number: W20000035756

We have received your document for ELEVENTH COURT ASSOCIATES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The correct forms are enclosed. Please complete and return with an additional payment of \$125.00.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 320A00007468

20 APR 14 PM 4:35

2020 APR 14 AM 11:33

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Eleventh Court Associates LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Ilene McMenamin  
(Contact Person)

(Firm/Company)

1207 SW 21<sup>st</sup> ST  
(Address)

FORT LAUD FLA 33315  
(City, State and Zip Code)

imac5454@gmail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Ilene McMenamin at ( 954 ) 816-8824  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)    ☐ \$155.00 Filing Fees and Certificate of Status    ☐ \$180.00 Filing Fees and Certified Copy    ☐ \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**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 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:

Eleventh COURT ASSOCIATES

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a GENERAL PARTNERSHIP

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of

Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on

MAY 26 1982

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Eleventh Court Associates 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.

FILED  
20 APR 14 PM 4:35  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

Signed this 11<sup>th</sup> day of April 20 20.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Irene McMenamin  
Printed Name: Irene McMENAMIN Title: SECRETARY, Vice President, General Partner

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Irene McMenamin  
Printed Name: Irene McMENAMIN Title: General Partner

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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 Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED  
20 APR 14 PM 4:35  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Eleventh Court Associates 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:

725 SE 23<sup>rd</sup> ST  
FOXT LAUDERDALE FLA  
33316

### Mailing Address:

1207 SW 21<sup>st</sup> ST  
FOXT LAUD FLA 33315

## 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:

Ilene McMenamin  
Name

1207 SW 21<sup>st</sup> ST  
Florida street address (P.O. Box **NOT** acceptable)

FT LAUD FL 33315  
City Zip

*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.*

Ilene McMenamin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Ilene MCMENAHIN  
1207 SW 21st St  
FORT LAUD FLA 33315

Michael MCMENAHIN  
1207 SW 21st St  
FORT LAUD FLA 33315

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Ilene McMenahin*

**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.

Ilene MCMENAHIN

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)**