120000305154

(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

Wally

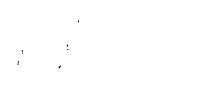
CET 0 7 2020

T. SCOTT



900343898269

04/30/20--01011--010 **150.00





Division of Corporations

May 5, 2020

MATTHEW D GELBART 1314 E LAS OLAS BLVD STE 120 FT LAUDERDALE, FL 33301

SUBJECT: CASH INN OF 27TH AVENUE, INC.

Ref. Number: W20000044254

We have received your document for CASH INN OF 27TH AVENUE, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing. I certify the attached is a true and correct copy of the Application for Registration of Fictitious Name of , registered with the Department of State on May 5, 2020, as shown by the records of this office.

The registration number of this fictitious name is W20000044254.

I further certify that said registration expired on The conversion paperwork is not legible...

The conversion paperwork is not legible.,

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II **New Filings Section**

Letter Number: 120A00009197

COVER LETTER

	Filing Solision of C	ection orporations			
SURIFCT	CASH IN	N OF 27TH AVENUE, L	LC		
SUBJECT	·	(Name of Res	ulting Florida Lim	ted Cor	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please retur	n all corre	espondence concerning	g this matter to:		
MATTHEW	D. GELBA	RT			
		(Contact Person)		_	
STANDARD	FINANCIA	AL .			
······		(Firm/Company)		_	
1314 E LAS	OLAS BLV	/D #24			
		(Address)		-	
FORT LAUE	ERDALE,	FLORIDA 33301			
	((City, State and Zip Code)		-	
STANDARD	FINANCIA	L@ICLOUD.COM			
E-mail Ac	ldress: (to b	e used for future annual re	port notifications)		
For further	informatio	on concerning this ma	tter, please call:		
ADAM HIGE	:R		at (³⁰⁵	335-	9389
(Nar	ne of Conta	ct Person)	(Area Code) (Day	9389 rtime Telephone Number)
		or the following amou a bank located in the		proces	sed by this office must be payable in US
S150.00 F (\$25 for Cons & \$125 for A of Organization	rersion rticles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Nev Div	ling Addi Filing Solision of C Box 632	ection orporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The 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 Statutes.

CASH INN OF 27TH AVENUE, 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.)
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
05/15/2014 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: CASH INN OF 27TH AVENUE, 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.



Signed this 9TH day of JULY	20
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Perrocentative Wat	thew Gelbart
Signature of Authorized Representative: Mata Printed Name: MATTHEW D. GELART	Title: AP
Trimed rance.	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Watthew Gelbart Printed Name: MATTHEW D. GELBART	
Printed Name MATTHEW D. GELBART	Title: PRESIDENT
Timed Ivanic	
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Simpatura	
Signature:Printed Name:	Title:
Trinica (vaine)	TRIC.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, o	r Officer.
If Directors or Officers have not been selected, an I	
If Florida General Partnership or Limited Liabi	lity Partnership:
Signature of one General Partner.	
18 D. C. J. L. Sania and D. Marana and Sania and Linki	Itan I instant Dunamonthine
If Florida Limited Partnership or Limited Liabi Signatures of ALL General Partners.	my Limited Partnersmp:
Signatures of ALL Ocheral Faturers.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CASH INN OF 27TH AVENUE 11 C	
CASH INN OF 27TH AVENUE, LLC (Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8400 NW 27TH AVENUE	C/O STANDARD FINANCIAL CO
MIAMI, FL 33147	1314 E. LAS OLAS BLVD #24
	FORT LAUDERDALE, FLORIDA 33301
CASH INN, LLC Nan	ne.
1283 S STATE ROAD 7	
Florida street address (P.)	O Roy NOT acceptable)
Florida street address (P.0	O. Box NOT acceptable)
Florida street address (P.0 FORT LAUDERDALE City	O. Box <u>NOT</u> acceptable) FL 33317 Zip
FORT LAUDERDALE City Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re-	O. Box NOT acceptable) FL 33317 Zip to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S

(CONTINUED)

020 JUN 30 PM 3: 39

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MBR	CASH INN, LLC
	1314 E. LAS OLAS BLVD #24
	FORT LAUDERDALE, FLORIDA 33301
(Use attachment if necessary)	
LE V: Other provisions, if any.	
DEALIDEN SIZNATUDE.	
-	
REQUIRED SIGNATURE: Matthew Gelbart	
Matthew Gelbart	
Matthew Gelbart Signature of a member of	r an authorized representative of a member
Matthew Gelbart Signature of a member of This document is executed in accordance	e with section 605,0203 (1) (b). Florida Statutes, I am aware
Matthew Gelbart Signature of a member of This document is executed in accordance	e with section 605,0203 (1) (b). Florida Statutes, I am aware
Signature of a member of This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	e with section 605,0203 (1) (b). Florida Statutes, I am aware
Signature of a member of This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. MATTHEW D. GELBART	r an authorized representative of a member see with section 605,0203 (1) (b). Florida Statutes, I am aware sument to the Department of State constitutes a third degree fellower by the printed name of signee

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

ARTICLE IV-