L20000385108

(Requestor's Name)				
(Address)				
(Address)				
(taxiots)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(0.0001101111011111001)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



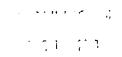


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SECRETAK OF STATE





September 18, 2020

DANIELLE DELPRATO 20112 PALM ISLAND DRIVE BOCA RATON, FL 33498

SUBJECT: BMVIEW LIMITED LIABILITY COMPANY

Ref. Number: W20000107273

We have received your document for BMVIEW LIMITED LIABILITY COMPANY and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong conversion from was submitted. I am enclosing the correct form to convert to a LLC. Note the additional filing fee of \$45.00

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 920A00017817

0 DEC | 4 PM 1:0

COVER LETTER

TO: New Filing Se Division of Co					
SUBJECT: BAN VIEW LIMITED LIAbility Company) (Name of Resulting Florida Limited Company)					
			I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.		
Please return all corre	spondence concerning	this matter to:			
Danielle	Delprato				
Bmvleu	(Contact Person)				
2012 Pal	(Firm/Company) 1) ISland (Address)	Drive			
Boca Ru	fon, F 3-	3498			
DFDelpr	ity, State and Zip Code) A TO () 76 1) used for future annual rep	OO, COm ort notifications)			
For further information Name of Contact (Name of Contact)		at (561) 99	0 99 56 ime Telephone Number)		
Enclosed is a check for dollars and drawn on a			ed by this office must be payable in US		
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 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

FILED

For "Other Business Entity" Into

SECRETARY OF STATE
TALLAHASSEE, FL

2020 DEC 14 PM 3: 10

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
BMUIEW Limited Liability eompany (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of 04/24/2014, New Jersey (Enter state, or if a non-U.S. entity, the name of the country)
on OH 24 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:
BMVICW Limited Liability Company) (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 19 day of Separenber	
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Dar Printed Name:	Tille: Managing precier
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Danielle Molprate	Title: Managing Director, Partner
Signature: FRAN(DIS DEIPrati	Title: Munager, Partner.
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	tv 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

The name of the Limited Liability Company is:	
BMVIEW LIMITED LIA	5/1/ Company
(Must contain the words "Limited Liability C	company, "L.E.C.," or "L.E.C."
ARTICLE II - Address:	
The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
	Mailing Address:
20112 Palm Island Drie	20112 Palm ISland Drive BO CORATON, FT 33498
BOCARATON, FT 33498	BO CARATON, ET 33498
ARTICLE III - Registered Agent, Registered ((The Limited Liability Company cannot serve as its own Registere	
business entity with an active Florida registration.)	a Agent. To a mast designate an individual of another

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

ARTICLE I - Name:

Danielle Delprato 20/12 Palm I Sand Drive Florida street address (P.O. Box NOT acceptable) BOCARATOI) FL 33498

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-

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager	FRANCOIS DE/Prato 20112 Palm Island Drive		
MGR	BOCA RATUD, ET 33498 Danielle Del prato 20112 Palm Island Drie BOCA RATUD, FT 33498		
	SECRETALLA		
(Use attachment if necessary)	AHAO CIT		
TICLE V: Other provisions, if any.	PM 3: 11 SSEE, FL		
REQUIRED SIGNATURE:			
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	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 felony		
ly	ped of printed name of signee Filing Fees		
\$125.00 Filing Fee for Articles o	of Organization and Designation of Registered Agent		

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)