L200039/028

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

Office Use Only



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10/20/20--01622--029 **156.00

TALL MINSSELL FLORES

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D O'KEEFE
DEC 20 2020

W2-49371





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2020

JOHN MARTINI 8855 COLLINS AVE., APT. #12-H SURFSIDE, FL 33154

SUBJECT: ANJOHN REALTY INVESTMENT, LLC

Ref. Number: W20000129371

We have received your document for ANJOHN REALTY INVESTMENT, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the entity correctly in Article I of the Articles of Organization.

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

10.40

Letter Number: 720A00022551

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COVER LETTER

Division of C	orporations		
SUBJECT: ANJOHN	I REALTY INVESTMEN	T, LLC	
	(Name of Res	sulting Florida Limited (Company)
		_	and fees are submitted to convert an "Othern accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
JOHN MARTINI			
	(Contact Person)		
	(Firm/Company)		
8855 COLLINS AVEN	UE, APT, #12-H (Address)		
SURFSIDE, FLORIDA			
	City, State and Zip Code)		
CJIMENEZ@TDSLAV E-mail Address: (to b	YERS.COM e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
JOHN MARTINI	. D	_ ···· (/_	30-9042
(Name of Conta	ct Person)	(Area Code) (Daytime Telephone Number)
	or the following amou a bank located in the	-	sessed 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	□\$180.00 Filing Fee and Certified Copy	
Mailing Add New Filing S			reet Address: w Filing Section
Division of C			wision of Corporations
P.O. Box 632	-		e Centre of Tallahassee
Tallahassee, I		24	15 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ANJOHN REALTY INVESTMENT CORPORATION
(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 (Enter state, or if a non-U.S. entity, the name of the country)
on 01/27/1992 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ANJOHN REALTY INVESTMENT, 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.

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Signed this 315th day of Sugust	260
Signed this day of	20
Signature of Authorized Representative of Li	
Signature of Authorized Representative:	M. Struke
Printed Name: JOHN MARTINI	Title: MANAGER
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]
1 21	
Signature: Printed Name: JOHN MARTINI	m: - PDCCIDENT
Printed Name: JOHN MARTINI*/	Title: PRESIDENT
Signature:	
Printed Name:	Title:
0.	
Signature:Printed Name:	Title
Timed Name.	Tiuc.
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, of	or Officer.
If Directors or Officers have not been selected, an	Incorporator must sign.
If Florida Conoral Dartmondin on Limited Link	ilite. Dont-pooking
If Florida General Partnership or Limited Liab Signature of one General Partner.	mty ratthership.
3	
If Florida Limited Partnership or Limited Liab	ility Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
	in the second se

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ALL MILKSSEE, I LOSIN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
ANJOHN REALTY INVESTMENT, LLC	
(Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8855 COLLINS AVENUE	8855 COLLINS AVENUE
APT. #12-H	APT. #12-H
SURFSIDE, FLORIDA 33154	SURFSIDDE, FLORIDA 33154
8855 COLLINS AVENUE,	A Martin
SURFSIDE	FL 33154
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	ad to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager		
MGR	JOHN MARTINI	
	8855 COLLINS AVENUE, APT. #12-H SURFSIDE, FLORIDA 33154	
	>::. N	
(Use attachment if necessary)	20 NOV 24	
	201 2	
CLE V: Other provisions, if any.	P	
ND ALL LAWFUL PURPOSES.		

REQUIRED SIGNATURE:

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.

JOHN MARTINI

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)