621000213459

| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | _ |
| (City/State/Zip/Phone #) | _ |
| PCK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Decument Number) | _ |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer | |
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Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE <u>5/13/2021</u> | | | **WALK | [N** |
|-------------------------|---------------------------------------|------------------------|--|---------------|
| ENTITY NAME AMERAN | NT MORTGAGE, LLC | | | |
| ENTITE WATE | · · · · · · · · · · · · · · · · · · · | | | |
| DOCUMENT NUMBER_ | | | | |
| | **PLEASE FILE THE ATTACHE | D AND RETURN** | F57 F63 F63 F64 F64 | |
| XXXX | Plain Copy Certified Copy | | 7 441 4 0 0 | Tix |
| | Certificate of Status | | つ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ | : : : r —. |
| **P. | LEASE OBTAIN THE FOLLOWING F | OR THE ABOVE ENTITY** | | |
| | Certified Copy of Arts & Amendmen | Co | | |
| | Certificate of Good Standing | | ·, , : | |
| | **APOSTILLE' / NOTARIAL C | CERTIFICATION** | | |
| COUNTRY OF DESTINATION | | · | | |
| NUMBER OF CERTIFICAT | ES REQUESTED | | | |
| TOTAL OWED \$180.00 | | ACCOUNT #: 1201600000 | 72 | |
| | | 276 | | |
| Please call Tina at the | c above number for any issues | or concerns. Thank you | so much! | |

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|--|
| SUBJECT: Amerant Mortgage, LLC | |
| (Name of | Resulting Florida Limited Company) |
| The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited | ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerr | ning this matter to: |
| Alejandro M. Arrieta, Esq. | |
| (Contact Person) | |
| Tenzer Arrieta PLLC | ₽ -0 |
| (Firm/Company) | () |
| 1001 Brickell Bay Drive, Suite 1812 | |
| (Address) | |
| Miami. Florida 33131 | υ του |
| (City, State and Zip Code | h: |
| aarrieta@tapllc.com | ် ယ ် ဟ |
| E-mail Address: (to be used for future annua | l report notifications) |
| For further information concerning this i | matter, please call: |
| Alejandro M. Arrieta, Esq. | at (305) 400-7995 |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following an dollars and drawn on a bank located in the | nount: (All checks processed by this office must be payable in US he United States) |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fee and Certificate of Status | s S180.00 Filing Fees and Certified Copy 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 <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: Amerant Mortgage, LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a limited liability company |
| (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) |
| September 25, 1987 |
| September 25, 1987 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Amerant Mortgage, 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. |
| 5. 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. |
| |

<u>င်</u>က မွှာ

| Signed this | 13 day of | May | 2021 | | |
|--|--|--------------------------------|--|---|------------------|
| Signature of | Authorized Repres | entative of Limit | ed Liability Company: | | |
| Signature of A Printed Name: | Authorized Represen S. Marshall Martin, Es | tative: | Title: Authorized Representative | | |
| | 1 1)4/1/1 | <i>(H</i> –) | See below for required signature(s) | | |
| Signature: Printed Name: | S. Marshall Martin, Es | sq. | Title: Authorized Representative | | |
| Signature: | | | | | |
| | | | Title: | | |
| Signature: Printed Name: | | · | _ Title: | | |
| Signature: | | | _ Title: | | |
| | | | | | |
| Printed Name: | .== | | Title: | | |
| Signature: Printed Name: | | | _ Title: | | |
| If Florida Cor | | | | | |
| | hairman, Vice Chairr Officers have not bed | | | | |
| | neral Partnership or | Limited Liabilit | v Partnership: | | |
| • | ne General Partner. | | | | |
| If Florida Lin Signatures of <u>A</u> | <u>vited Partnership or</u> ALL General Partners | <u>Limited Liability</u> s. | <u>y Limited Partnership:</u> | | (C.) |
| <u>All others:</u> Signature of ar | n authorized person. | | | | _ |
| Fees: | | | | • | |
| Fees fo Certifie | es of Conversion: or Florida Articles of ed Copy: cate of Status: | `Organization: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | | 9 9 9 8 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| RETICEES OF ORGANIZATION | ON ECADA EMITED EMILETT COM TOTAL | |
|--|---|------------|
| ARTICLE I - Name: | | |
| The name of the Limited Liability Comp | pany is: | |
| | | |
| Amerant Mortgage, LLC | | |
| (Must contain the words "Limite | ed Liability Company, "L.L.C.," or "L.L.C.,") | |
| ARTICLE II - Address: | | |
| | of the principal office of the Limited Liability Company is | s : |
| Duinainat Office Adduses | Mailing Adduses | |
| Principal Office Address: | Mailing Address: | |
| 12496 NW 22nd St | 12496 NW 22nd St | |
| Miami, FL 33182 | Miami, FL 33182 | |
| | | |
| | gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another | |
| The name and the Florida street address | of the registered agent are: | |
| S. Marshall Martin, Es | 50 | |
| O. Mai shan Waturi, Es | Name | |
| | | |
| 12496 NW 22nd St | on /D.O. Boy NOT accountable) | |
| r forida street addre | ess (P.O. Box <u>NOT</u> acceptable) | |
| Miami | FL ³³¹⁸² | |
| City | Zip | |
| liability company at the place design registered agent and agree to act in this statutes relating to the proper and confidence accept the obligations of my position. Registered Agen | nt and to accept service of process for the above stated liminated in this certificate. I hereby accept the appointment as is capacity. I further agree to comply with the provisions of implete performance of my duties, and I am familiar with an on as registered agent as provided for in Chapter 605, F.S., as Signature (REQUIRED) | i Cal. |
| | | |

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

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|--|
| Manager, Asst Sec | S. Marshall Martin 12496 NW 22nd St |
| | Miami, FL 33182 |
| Manager | Anthony Eelman |
| | 12496 NW 22nd St |
| | Miami, FL 33182 |
| Manager | Miguel Palacios |
| | 12496 NW 22nd St |
| | Miami, FL 33182 |
| Manager | Carlos lafigliola |
| | 12496 NW 22nd St |
| | Miami, FL 33182 |
| (Use attachment if necessary) /v | 2 |

ARTICLE V: Other provisions, if any.

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.

S. Marshall Martin, Esq.

Typed or printed name of signee

ب

ر. درد

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

| <u>Title:</u> | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| Manager | Alberto Capriles |
| | 12496 NW 22nd St |
| | Miami, FL 33182 |
| Secretary | Manuel Chica |
| | 12496 NW 22nd St |
| | Miami, FL 33182 |
| EVP | Joseph Keel |
| LAF | 12496 NW 22nd St |
| | Miami, FL 33182 |
| | Wilditii, FL 33 102 |
| EVP | Howard Levin |
| | 12496 NW 22nd St |
| | Miami, FL 33182 |
| | |
| (Use attachment if necessary) | 242 |
| • • | |
| | |
| LE V: Other provisions, if any. | |
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| <i>t</i> | ol /a |
| REQUIRED SIGNATURE()///// | |
| <i>1 - X4411</i> 111 | |
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| Carran dans and a second at 1 | V |
| Signature of a member dr | an authorized representative of a member |
| This document is executed in accordance | with section 605,0203 (1) (b), Florida Statutes, I am aware that |
| This document is executed in accordance any false information submitted in a docu | with section 605,0203 (1) (b), Florida Statutes, I am aware that |
| This document is executed in accordance | with section 605,0203 (1) (b), Florida Statutes, I am aware that |
| This document is executed in accordance any later information submitted in a docu as provided for in s.817.155, F.S. S. Marshall Martin, Esq. | 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 rped 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)