# 12/1000265189

(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

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#### **COVER LETTER**

<b>TO:</b> New Filing S Division of C							
	spitality Group LLC						
SUBJECT:		sulting Florida L	imited Cor	mains:)			
	(Nume of Kes	aming riotida L	mired Con	npany)			
The enclosed Article Business Entity" into	s of Conversion, Artic oa "Florida Limited L	les of Organiz iability Comp	zation, an any" in a	nd fees are submitted t ecordance with s. 605	o convei .1045, F	rt an "C .S.	ther
Please return all corr	espondence concernin	g this matter t	0:				
Edward J. Welch, Esq					<b>5</b> .7	<b>.</b> -	
Welch Law, PLLC	(Contact Person)		<del></del>		E Richard	2021 APR 20	4
110 Front Street, Suite	(Firm/Company) : 300		-		20 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30	R 20 F	
Jupiter, FL 33477	(Address)		_			0 802:17	े <b>न</b> अज
	City, State and Zip Code)					1	
E-mail Address: (to b	e used for future annual re	port notification	s)				
For further information	on concerning this ma	tter, please ca	11:				
Edward J. Welch		561 at (	413- )	9536			
(Name of Conta	ct Person)		ode) (Day	vtime Telephone Number)	_ <del></del>		
	or the following amou a bank located in the			sed by this office mus	t be paya	able in	US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status			
Mailing Adda New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Su	ite 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.

(Enter Name of Other Business Entity) New Jersey limited liability company	
•	
2. The "Other Business Entity" is a	non law or business trust, etc.
First organized, formed or incorporated under the laws of	ne name of the country)
August 11, 2016	
on	
(date of organization, formation or incorporation)	
<ol> <li>The name of the Florida Limited Liability Company as set forth in the attached Ar Aries Hospitality Group LLC</li> </ol>	ticles of Organization:
(Enter Name of Florida Limited Liability Company)	-
4. If not effective on the date of filing, enter the effective date:	 90 calandar dave after
the date this document is filed by the Florida Department of State.)	70 Calcindar days affer
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dateoument's effective date on the Department of State's records.	ite will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statutes.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.</li> </ol>	<del>-</del>
which such memoers are charied under 58, 605, 1000 and 605, 1001-605, 1072, 175.	202
	2021 APR 20 PR
	र्वेट इ.स. १९
	<u> </u>

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nar The name of the Li	me: imited Liability Company is:				
Aries Hospitality Gro	oup LLC ist contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")		-	
ARTICLE II - Ad The mailing addres	Idress: as and street address of the pri	incipal office of the Limited I	.iability C	Compar	ny is:
Principal Office A	address:	Mailing Address:			
715 Ocean Dunes C Jupiter, FL 33477	Gircle	715 Ocean Dunes Circle Jupiter. FL 33477			
(The Limited Liability Cobusiness entity with an a	egistered Agent, Registered ompany cannot serve as its own Registrative Florida registration.)	ered Agent. You must designate an indi			
	Kevin Croke				
	Name				
	715 Ocean Dunes Circle				
	Florida street address (P.O.	Box NOT acceptable)			
	Jupiter	33477 FL			
	City	Zip			
liability compa registered agent a statutes relating	ned as registered agent and to any at the place designated in and agree to act in this capaci to the proper and complete p ligations of my position as reg	this certificate. Thereby accepty. I further agree to comply verformance of my duties, and	ot the appa with the pr I am famil	ointmen ovision liar witt	t as is of all h and
	Kenl-		Q.	0.5	
Registered Agent's Signature (REQUIRED)			ATT AFASSI	2021 APR 20	
	(CONTINU	JED)	2) 21 ~.	20 i	•

ARTICLE IV-

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	Kevin Croke	
MGR	715 Ocean Dunes Circle	· · · · · · · · · · · · · · · · · · ·
	Jupiter, FL 33477	
	Jupiter, FL 33477	<del></del>
	<del>-</del>	<del>.</del>
<del></del>		
<del></del>		202
		. —
		APR 2
(Use attachment if necessary)		20
		7
ARTICLE V: Other provisions, if any.		$\overline{\omega}$
		<u> </u>
DESCRIPTION OF A STATE OF THE S		
REQUIRED SIGNATURE:		
Ke- l-		
- New -		<del></del>
		_

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.

Kevin Croke

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)

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

#### ARIES HOSPITALITY GROUP LLC 0450096829

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 11, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2018-2020

I further certify that the registered agent and office are:

KEVIN CROKE 255 WARREN STREET APT 1806 JERSEY CITY, NJ 07302

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on July 27, 2017.

**OTHER** 

KEVIN CROKE 255 WARREN STREET, SUITE 1806



IN TESTIMONY WHEREOF, I have: :hereunto set my hand and affixed
my Official Seal at Trenton, this
16th day of April, 2021

Muh I P Ville

JERSEY CITY, NJ 07302

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6117982922

Verify this certificate online at