L21000531237

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
	·	
(Do	cument Number)	
,	,	
Certified Copies	Certificates	of Status
	 -	·
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



12/22/21--01002--016 **180.00



12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994

Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Glad	15 Apartment, In	c. 327468
(CORPORATE N	AME)	(DOCUMENT#)
2(CORPORATE N	AME)	(DOCUMENT #)
3. (CORPORATE N	AME)	(DOCUMENT #)
☐ Walk-In	X Pick up time: Certified C	opy Certificate Of Status
☐ Walk-In New Filings	X Pick up time: Certified C	
		Other Filings Annual Report
New Filings	Amendments	Other Filings
New Filings Profit	Amendments Amendments	Other Filings Annual Report
New Filings Profit Non-Profit	Amendments Amendments Resignation	Other Filings Annual Report Fictitious Name

ners Initials

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 E GLADYS APARTMENTS, INC.	ntity" immediately prior to the filin	ng of the Articles of Conversion is:
	ame of Other Business Entity)	 ·
2. The "Other Business Entity" is a (Enter entity type. Example: co	LORIDA PROFIT CORPORATION	327468
(Enter entity type. Example: co	orporation, limited partnership, general pa	artnership, common law or business trust, etc
First organized, formed or incorporated	d under the laws of	ORIDA
	(Enter state, or if a no	on-U.S. entity, the name of the country)
03/13/1968		
(date of organization, formation or incorpo	oration)	
3. The name of the Florida Limited Li GLADYS APARTMENTS, LLC	ability Company as set forth in the	attached Articles of Organization:
(Enter Name of F	lorida Limited Liability Company)	
4. If not effective on the date of filing,	enter the effective date:	FILING
(The effective date: Cannot be prior the date this document is filed by the Note: If the date inserted in this block does not document's effective date on the Department of	to date of receipt or filed date not Florida Department of State.) of meet the applicable statutory filing requ	or more than 90 calendar days after
5. The plan of conversion has been app	roved in accordance with all appli	cable 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 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2021 .
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: HEIDI G. SUERO	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	
Signature: X D J July	
Printed Name: HEIDI G. SUERO	Title: PRESIDENT/SOLE DIRECTOR
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Tido
runted Name.	ruic,
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	GLADYS AP	ARTMENTS, LLC
(Mus	a contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ado	dress:	
The mailing address	s and street address of th	e principal office of the Limited Liability Company is
Principal Office A	ddress:	Mailing Address:
4830 POLK STREET		4830 POLK STREET
ARTICLE III - Re	gistered Agent, Registe	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another
ARTICLE III - Re (The Limited Liability Co- business entity with an ac	egistered Agent, Registempany cannot serve as its own fetive Florida registration.) Iorida street address of t	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another
ARTICLE III - Re (The Limited Liability Co- business entity with an ac	gistered Agent, Registempany cannot serve as its own Fetive Florida registration.) Iorida street address of the ARAZOZA & FERNANDE	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another
ARTICLE III - Re (The Limited Liability Co- business entity with an ac	gistered Agent, Registempany cannot serve as its own Fetive Florida registration.) Iorida street address of the ARAZOZA & FERNANDE	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are: Z-FRAGA, P.A. ame
ARTICLE III - Re (The Limited Liability Co- business entity with an ac	egistered Agent, Registempany cannot serve as its own Ferive Florida registration.) Horida street address of the ARAZOZA & FERNANDE N 2100 SALZEDO STREET	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are: Z-FRAGA, P.A. ame SUITE 300 P.O. Boy, NOT acceptable)
ARTICLE III - Re (The Limited Liability Con- business entity with an ac-	egistered Agent, Registempany cannot serve as its own Ferive Florida registration.) Horida street address of the ARAZOZA & FERNANDE N 2100 SALZEDO STREET	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are: Z-FRAGA, P.A. ame SUITE 300

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:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MANAGER	HEIDI G. SUERO
	4830 POLK STREET
	HOLLYWOOD, FL 33021
MANAGER	RODOLFO A. GOMEZ
	4830 POLK STREET
	HOLLYWOOD, FL 33021
MANAGER	AURELIA MARIN
	4830 POLK STREET
	HOLLYWOOD, FL 33021
MANAGER	CARMEN GOMEZ WALSH
	4830 POLK STREET
	HOLLYWOOD, FL 33021

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

THE COMPANY MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA. THE COMPANY IS TO BE MANAGED BY ONE MORE MANAGERS AND IS, THEREFORE, A MANAGER-MANAGED COMPANY.

REQUIRED SIGNATURE:			
	"()	6	RW.

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.

HEIDI G. SUERO

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)