# L22000020569

	(Requestor's Name)
1	(Address)
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	, 1001(000)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
·	Soomod Link, Maine)
(	Document Number)
Certified Copies	Certificates of Status
•	
Special Instructions to	Filing Officer:
	!

Office Use Only



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FILED
2022 JAN 19 AM 10: 11
SECRETARY OF STATE
TUNLLANDASSEE, FL

2022 JAN 19 PH 4: 12

" Inolas

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 416156 7175508

AUTHORIZATION :

COST LIMIT : \$/150.00

ORDER DATE: January 19, 2022

ORDER TIME : 2:48 PM

ORDER NO. : 416156-010

CUSTOMER NO: 7175508

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### DOMESTIC AMENDMENT FILING

NAME: 715-725 E. 63RD STREET

BUILDING, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION AND ARTICLES OF ORGANIZATION RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

### **COVER LETTER**

Division of C	Corporations		
SUBJECT, 715-725	E. 63RD STREET BUIL	DING, L.L.C.	
30b3EC1.	(Name of Res	sulting Florida Limited C	ompany)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
MARY K. WASIK			
	(Contact Person)		
LEVENFELD PEARLS	STEIN, LLC		
	(Firm/Company)		
2 N. LASALLE ST., ST	ΓΕ. 1300		
	(Address)		
CHICAGO, ILLINOIS	60602		
(1	City, State and Zip Code)	_	
lpagents@lplegal.com	ı		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
		_at ()	
(Name of Conta	act Person)	(Area Code) (D	aytime Telephone Number)
	for the following amou a bank located in the		ssed 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 Fees and Certified Copy	\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations	New Div	et Address:  Filing Section ision of Corporations Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

FILED

11:01MA PI NAL 2502

## SECRETARY OF STATE

## 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:
715-725 E. 63RD STREET BUILDING, L.L.C.
(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.)
(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)
(Enter state, or if a non-U.S. entity, the name of the country)
FEBRUARY 20, 2007
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
715-725 E. 63RD STREET BUILDING, L.L.C.
(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 18th day of	JANUARY	20_22
Signature of Authorized Re		
Signature of Authorized Repr Printed Name: HOWARD J. PO	esentative: Haw WERS II	Title: MANAGER
Signature(s) on/behalf of Oth	er Business Entity:	[See below for required signature(s)]
Signature: Howard	owers I	
Printed Name: HOWARD J. PO	WERS II	Title: MANAGER
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporation: Signature of Chairman, Vice C If Directors or Officers have no		
If Florida General Partnersh		lity Partnership:
Signature of one General Partn	ег.	
If Florida Limited Partnersh Signatures of <u>ALL</u> General Pa		lity Limited Partnership:
All others: Signature of an authorized pers	son.	
Fees:		
Articles of Conversion Fees for Florida Articl Certified Copy: Certificate of Status:		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

/ 15-/25 E. 63Ki	D STREET BUILDING, L.L.C. (Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing ad-		e principal office of the Limited L	iability Company is:
Principal Offic		Mailing Address:	
2900 W Bay to E	Bay Blvd	2900 W Bay to Bay Blvd	
	<del></del>	Ste 1003	
Ste 1003			
Tampa, FL 3362  ARTICLE III (The Limited Liabili	- Registered Agent, Registe	Tampa, FL 33629  ered Office, & Registered Agent degistered Agent. You must designate an indirection of the second	vidual or another
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Registerly Company cannot serve as its own F	ered Office, & Registered Agent legistered Agent. You must designate an indi- he registered agent are:	vidual or another
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Registery Company cannot serve as its own For an active Florida registration.)  The Florida street address of the Corporation Service Com	ered Office, & Registered Agent legistered Agent. You must designate an indi- he registered agent are:	2022 JAN 19 AH SECRETARY OF TALLAHASSE
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Registery Company cannot serve as its own For an active Florida registration.)  The Florida street address of the Corporation Service Com	ered Office, & Registered Agent tegistered Agent. You must designate an indi- he registered agent are:	2022 JAN 19 AH SECRETARY OF TALLAHASSE
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ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Registerly Company cannot serve as its own For an active Florida registration.)  The Florida street address of the Corporation Service Community National Components of the National Component	ered Office, & Registered Agent degistered Agent. You must designate an indi- he registered agent are: pany	2022 JAN 19 AH SECRETARY OF TALLAHASSE

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)

ART	ric.	I L	. 13	1
ARI		ł.r		-

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		
MGR	ARDEN S. WEITZMAN	
	P.O.BOX 87655	
	CHICAGO, IL 60680	
MGR	HOWARD J. POWERS II	
	P.O.BOX 87655	
	CHICAGO, IL 60680	
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CLE V: Other provisions, if any.		
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REQUI <b>N</b> ED SIGNATURE:		
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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.

HOWARD J. POWERS II, Authorized Representative of Member

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)