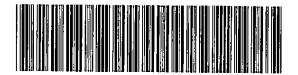
12200027949

(Requestor's Name)
ı (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:





700378916227

01/06/22--01014--002 **150.00



2022 JAN -6 PHIO: 36

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Breakers (apital Partners LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
(Contact Person)
BCP
(Firm/Company) 5380 SW 97th Street (Address)
Mian, FL 33,56 (City, State and Zip Code)
E-mail Address: (he-be used for Vuture annual Leport notifications)
For further information concerning this matter, please call: 1973 149 at (917) 405-698 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion & Status Status S150.00 Filing Fees and Certificate of Status S180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

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)
limited liability company The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
FEBRUARY 13, 2006
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Breakers Capital Partners 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.)
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
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.

Signed this 3	day of January	20 22	
Signature of	Authorized Representative of L	imited Liability Company:	
Signature of Printed Name	Authorized Representative:	Title: Managing Member	
Signature(s)	on behalf of Other Business Entity	v: [See below for required signature(s)	Ì
Signature: Printed Name	uson Haim	Title: Managing Member	
Signature:			
Printed Name	:	Title:	<u> </u>
Signature: Printed Name	::	Title:	_
Signature:			
Printed Name	::	Title:	—
Signature: Printed Namo	::	Title:	
Signature:			
Printed Name		Title:	
	orporation: Chairman, Vice Chairman, Director, or Officers have not been selected, an		
	eneral Partnership or Limited Lia one General Partner.	bility Partnership:	
	mited Partnership or Limited Lia ALL General Partners.	bility Limited Partnership:	
All others: Signature of a	an authorized person.		
Fees:			
Fees Certi	les of Conversion: for Florida Articles of Organizatio fied Copy: ficate of Status:	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ty Company, "L.L.C.," or "LLC.")	
ty Company, "L.L.C.," or "LLC.")	
ty Company, "L.L.C.," or "LLC.")	
rincipal office of the Limited	Liability Company is:
Mailing Address:	
5880 SW 97th Street	
Miami, Florida 33156	
	
d Office, & Registered Ager stered Agent. You must designate an in	nt's Signature: dividual or another
•	
registered agent are:	
ie	
D. Box NOT acceptable)	
FL 33156	
Zip	
in this certificate, I hereby acc city. I further agree to comply performance of my duties, an	ept the appointment as with the provisions of all d I am familiar with and
	Mailing Address: 5880 SW 97th Street Miami, Florida 33156 d Office, & Registered Agerstered Agent. You must designate an in registered agent are: D. Box NOT acceptable) FL 33156

ARTICLE IV-

as provided for in s.817.155, F.S.

Jason Haim

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

<u>Title:</u> "AMBR" = Authorized Member	 -
"MGR" = Manager	
Managing Member	Jason Haim
	5880 SW 97th Street
	Miami, Florida 33156
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
DE V. Other provisions, it dity.	
	
REQUIRED SIGNATURE:	
MEQUINED SIGNATURE.	-
	an authorized representative of a member

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

any false information submitted in a document to the Department of State constitutes a third degree felony