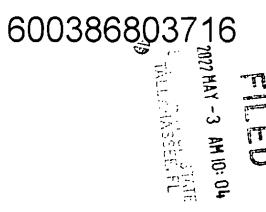
# 22000/82391

(Re	questor'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	s of Status
Special Instructions to	Filing Officer	

Office Use Only





05/03/23--01008--005 \*\*180.00





# Filing Cover Sheet

<b>`o:</b> Florida (	Division	of Corp	porations
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From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 5/3/2022

Trans#: 1293950

# Entity Name: DI LIDO BEACH HOTEL CORPORATION (FL) CONVERTING INTO

Articles Incorporation ( )	Articles of Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion (XXX)	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	

# STATE FEES PREPAID WITH CHECK #2706 FOR \$180.00

## **PLEASE RETURN:**

Certified Copy (XXX) Plain Photocopy ( )

Good Standing ( ) Certificate of Fact ( )

#### COVER LETTER

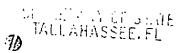
TO:	New Filing Se Division of Co				
SHR.	IFCT. DI LIDO I	BEACH RESORT LAND	LLC		
5512		(Name of Res	alting Florida Limi	ted Com	pany)
					d fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
Javie	r A. Granda				
		(Contact Person)		_	
Lions	tone Developmer			_	
		(Firm/Company)			
1029	5 Collins Avenue,	<del>_</del> -		_	
		(Address)			
Bal H	larbour, FL 33154			_	
		Tity, State and Zip Code)			
•	@lionstone.net			-	
E-	mail Address: (to b	e used for future annual re	port notifications)		
For f	urther information	on concerning this mat	tter, please call:		
Cayla	a Ross		at (305	331-8	3433 (time Telephone Number)
	(Name of Conta	et Person)	(Area Code	(Day	time Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 5 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 17		New I Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

2022 MAY -3 AM 10: 04

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 Entity" immediately prior to the filing of the Articles of Conversion is:
DI LIDO BEACH HOTEL CORPORATION MS9039
(Enter Name of Other Business Entity)
Corporation
2. The "Other Business Entity" is a
Florida
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
06/24/1971
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DI LIDO BEACH RESORT LAND 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.
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.

On	and Linkilita Commune
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	
Printed Name: Javier A. Granda	Title: Manager
Signature(s) on behalf of Other Business Entity: [	See below for required signatu
	occ below for requiremental
Signature: A Granda	eri I. Miss Densident
Printed Name Javier A. Granda	_ Title: Vice President
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:	Title:
Signature:Printed Name:	and
Printed Name:	_ 1 me:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
TOTAL TIME A Destruction on Limited Linkilli	to Limitad Partnarchin
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Lamited Larthership.
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

• • •

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:	
DI LIDO BEACH RESORT LAND LLC		
	ited Liability Company, "L.L.C.," or "LI C.")	-
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability (	Company is:
Principal Office Address:	Mailing Address:	
c/o Lionstone Development	c/o Lionstone Development	
10295 Collins Avenue, 2nd Floor	10295 Collins Avenue, 2nd Floor	-
Bal Harbour, FL 33154	Bal Harbour, FL 33154	_
The name and the Florida street address  Javier A, Granda  10295 Collins Avenue	Name ue, 2nd Floor	2022 HAY -3 AH 10: 01
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)	
Bal Harbour	PL 33154	- <del>1</del>
City	y Zip	
liability company at the place des registered agent and agree to act in t statutes relating to the proper and a accept the obligations of my posi	gent and to accept service of process for the above signated in this certificate, I hereby accept the appthis capacity. I further agree to comply with the pecomplete performance of my duties, and I am familion as registered agent as provided for in Chapter Chapt	oointment as provisions of all viliar with and

(CONTINUED)

#### 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	lacian A. Cranda	
MGR	Javier A. Granda	<del></del>
	10295 Collins Avenue, 2nd Floor	
	Bal Harbour, FL 33154	
MGR	Diego Lowenstein	
	10295 Collins Avenue, 2nd Floor	
	Bal Harbour, FL 33154	
MGR	Dayssi Olarte de Kanavos	
<del></del>	10295 Collins Avenue, 2nd Floor	
	Bal Harbour, FL 33154	
MGR	Paul C. Kanavos	<u>a</u>
	10295 Collins Avenue, 2nd Floor	<u> </u>
	Bal Harbour, FL 33154	27
(Use attachment if necessary)	attached	2022 HAY - 3
	• •	, , ,
RTICLE V: Other provisions, if any.		MIO: 01
RTICES V. Other provisions, it any.		100 <b>5</b>
		<u> </u>
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.

Javier A. Granda

Typed or printed name of signee

#### Filing Fees

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

#### ARTICLE IV -

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

Title:	Name and Address:
MGR	Ronny Ben-Josef 10295 Collins Avenue, 2nd Floor Bal Harbour, FL 33154
MGR	Ronen Ben-Josef 10295 Collins Avenue, 2nd Floor Bal Harbour, FL 33154

