# U22000229436

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

Office Use Only



900385495739

04/18/22--01057--016 \*\*185.00





#### **COVER LETTER**

10: New Filing Section Division of Corporations	
SUBJECT: AR Capital Investments	LLC
(Name of Resulting Florida Limite	ed Company)
The enclosed Articles of Conversion, Articles of Organization Business Entity" into a "Florida Limited Liability Company"	
Please return all correspondence concerning this matter to:	
Angela Rosel (Contact Person)  AR Capital Investments LLC (Firm/Company)  7750 DK eechobee Blvd. Suifett	
AR Capital Investments LLC (Firm/Company)	
7750 OKeechobee Blvd. Suifett	4-884
West Palm Beach, FL 33411	
(City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Angela Rosel at (913 (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks problems and drawn on a bank located in the United States)	rocessed 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	
Mailing Address:	Street Address:
New Filing Section	New Filing Section
•	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 HAY 20 AM 7: 59

SEC. CLARASSERFE

May 10, 2022

ANGELA ROSEL 7750 OKEECHOBEE BLVD STE 4-884 WEST PALM BEACH, FL 33411

SUBJECT: AR CAPITAL INVESTMENTS LLC

Ref. Number: W22000059839

We have received your document for AR CAPITAL INVESTMENTS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 122A00010681

I signed the certificate of conversion on 3d page 1

- Angela Rosel

Can you email me documents when I am accepted?

angelae ar capital invest. wm

#### 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:    AR Capaci Investments Luc (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Kansas (Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{5/62/2621}{\text{(date of organization, formation or incorporation)}}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
AR Cap Aca Investments LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: effective on date of filing. (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.
<ol> <li>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.</li> </ol>
<b>/A</b>

Signed this 11th day of April	<u>20_22</u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative:	yele fore ( Title: names of AR Capital Invisionents LLC
Timed Name. Have the project	The Ment of the Control of the Market of the
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
In A land	
Signature: The Color of the Col	Tille: member of AR Capital Investments LLC
Timed Name. Thyela hosel	Till. 146 men of his tapped if 15 men 3
Signature:	
Signature: Printed Name:	Title:
Simularia	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	1itle:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title-
Finited Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
Signatures of ALL Cicheral Partners.	
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

The mailing address and street address of the principal office of the Limited Liability Company is:

AR Capital Investments LLC
(Most contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

7750 OKEECHOBEE Blvd. Suite #4-854 Viest Palm Beach, FL 33411
USEN Palm Beach, FL 33411
Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
gistered agent are:
n Ave 单 1215 Box <u>NOT</u> acceptable)
FI 33461
FL 33461 Zip
accept service of process for the above stated limited his certificate. I hereby accept the appointment as v. I further agree to comply with the provisions of aterformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605. F.S

(CONTINUED)

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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" = ManagerAmBñ	Arrieda Rosell 300 S. Australian Ave # 1215 West Pain Beach FL 3340
	2022 HAY
(Use attachment if necessary)	20 AM 8: 2
CLE V: Other provisions, if any.	m —
REQUIRED SIGNATURE:	
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo
H MYELL TYP	KeSe ( bed or printed name of signee
	Filing Fees  Commission and Designation of Projectored A

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