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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Somos Sum, visito)
(Document Number)
Certified Copies Certificates of Status
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S. CHATHAM

SECRETARY OF STATE OF STATE OF SCREPORATIONS

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2022年9月4年2

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 9/9/2022			**WALK IN**
ENTITY NAME 232	DELRAY LLC		
DOCUMENT NUMB	ER		
	PLEASE FILE T	THE ATTACHED AND RETURN	
XXXXXXXX	Plain Copy Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts		. 1
	Certified Copy of Arts Certificate of Status	s & Amendments Complete File (Including Annual Repo	r68)
	, ,	Reflecting:	
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTI	NATION		_
NUMBER OF CERTIF	ICATES REQUESTED		_
TOTAL OWED \$ 150	0.00	ACCOUNT # 120160000072	1: C DV
Please call Tina a	t the above number for	any issues or concerns. Thank you so	mach!

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: 232 Delray Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
02/28/2014 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
232 Delray 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.

Signed this 8th day of September	20_22
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Jan Goodman	Title: Manager
Signature(s) on behalf of Other Business Entity: [
Signature: Jubnih	
Printed Name: Jan Goodman	Title: President
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Control of Chairman, Vice Chairman	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: 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	18:
232 Delray LLC	
(Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
232 NE 5th Street	PO Box 480427
Delray Beach, FL 33444	Delray Beach, FL 33446
The name and the Florida street address of the Jan Goodman Jan Goodman Plorida Street address Napoli Woods Lane Florida Street address Plorida Street address Napoli Woods Lane Plorida Street address Napoli Woods Lane Plorida Street address Napoli Woods Lane Plorida Street address Napoli Woods Napoli Woods	Jame -9 PM 3: 27 (P.O. Box NOT acceptable)
Delray Beach	FL ³³⁴⁴⁶
City	Zip

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)

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

(AMDD" - Authorized Mombor	
'AMBR" = Authorized Member 'MGR" = Manager	
MGR — Manager	Jan Goodman
vicit .	9782 Napoli Woods Lane
	Delray Beach, FL 33446
	-
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(Use attachment if necessary)	
LE V: Other provisions, if any.	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	J.
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Ind.
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member o	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware tument to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member o This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Jan Goodman, Manager	ce with section 605.0203 (1) (b), Florida Statutes. I am aware nument to the Department of State constitutes a third degree for the constitutes at the degree for the degree
REQUIRED SIGNATURE: Signature of a member o This document is executed in accordance any false information submitted in a document any false information submitted in a document is a provided for in s.817.155, F.S. Jan Goodman, Manager	ce with section 605 (1203 (1) (b). Florida Statutes, I am aware