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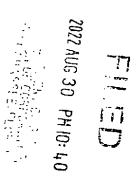
(Requestor's Name)
(Address)
(Address)
(0): 10:
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartificat Canina Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special illistructions to Filling Officer.
W2200000 2292

Office Use Only



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2022 AUC 30 AM II: 02

January 8, 2022

PATRICIA VALLEJO 2990 PONCE DE LEON BLVD STE 500 CORAL GABLES, FL 33134

SUBJECT: PONCECAT 151, LLC Ref. Number: W22000002293

We have received your document for PONCECAT 151, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 022A00000601



COVER LETTER

TO: New Filing Se Division of C				
SUBJECT: PONCE	•			
SUBJECT:	(Name of Res	ulting Florida Lim	ited Com	ipany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
PATRICIA VALLEJO				
	(Contact Person)		_	
AJP VENTURES, CO	RP.			
	(Firm/Company)		_	
2990 PONCE DE LEG	ON BLVD., STE. 500			
	(Address)		_	
CORAL GABLES, FL	33134			
	City, State and Zip Code)		-	
PVALLEJO@AJPVE	NTURES.COM			
E-mail Address: (to b	ne used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
PATRICIA VALLEJO	_	at (, 448	- 2330
(Name of Conta	act Person)		 e) (Day	time Telephone Number)
	for the following amou a bank located in the		process	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□S155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	-	☐S185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add				t Address:
New Filing S				Filing Section
Division of C	Corporations		Divis	ion of Corporations .

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810° s. Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

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: PONCECAT 151, LLC .
(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.)
(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)
03/10/2014 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: PONCECAT 151, 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 locument'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.

MIH00000 1891

Signed this 23rd day of December (20
Signature of Authorized Representative	of Nimited Liability Company:
Signature of Authorized Representative:	Til MANAGER
Signature(s) on behalf of Other Business E	Entity: [See below for required signature(s)]
Signature:	
Printed Name: ALBERTO J. PEREZ	MANAGER MANAGER
Signature:	
Printed Name:	Title:
Sionature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Dire	
If Directors or Officers have not been selected	ed, an Incorporator must sign.
If Florida General Partnership or Limited Signature of one General Partner.	1 Liability Partnership:
If Florida Limited Partnership or Limited	l Liability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

2022 AUG 30 PH 10: LO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me: .imited Liability Compan	v ic:		
The name of the L	minea Biabinty Compan,	, 13.		
PONCECAT 151,	LLC			
	ust contain the words "Limited Li	ability Company.	"L.L.C.," or "L.L.C.")	
ARTICLE II - A	ddress:			
The mailing addre	ss and street address of th	ne principał o	ffice of the Limite	ed Liability Company is:
Principal Office	Address:	Mailin	g Address:	
2990 PONCE DE I	_EON BLVD., # 500	2990 (PONCE DE LEON E	3LVD., # 500_
CORAL GABLES,	FL 33134	CORA	L GABLES, FL 331	34
ARTICLE III - I (The Limited Liability C business entity with an	Registered Agent, Regist Company cannot serve as its own active Florida registration.) Florida street address of AJP MANAGEMENT GF 2990 PONCE DE LEON Florida street address	ered Office, Registered Agent	& Registered Ag You must designate an	ent's Signature: individual or another,
The name and the	Florida street address of	the registered	l agent are:	W. 190
	AJP MANAGEMENT GR	ROUP, LLC		30 T
	1	lame		PHIC C
	2990 PONCE DE LEON	BLVD., STE.	500	
	Florida street address	(P.O. Box <u>N</u>	<u>)T</u> acceptable)	0
	CORAL GABLES	FL.	33134	
	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)

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

the state of the s

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	PONCE CAT, LLC
	2990 PONCE DE LEON BLVD., # 500
	CORAL GABLES, FL 33134
	변경
	の (一) の (一)
	1-1-2-2 p
	ا . شهر چ را در کار ساو
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member se with section 605.0203 (1) (b). Florida Statutes. I am aware tument to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. ALE	ee with section 605.0203 (1) (b) Florida Statutes. I am aware t

Filing Fees

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