# Laa 000470105

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

Office Use Only



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# Sunshine State Corporate Compliance Company

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

DATE_11/03/2022					~WALK IN~
ENTITY NAME SKYLIN	E LIEN SEARCH LLC	D			
DOCUMENT NUMBER_					
	**PLEASE FILE THE	E ATTACHI	D AND RETURI	W**	
XXX	Plain Copy Certified Copy Certificate of Status				
**7	PLEASE OBTAIN THE FO	DLLOWING I	TOR THE ABOVE	E ENTITY**	
	Certified Copy of Arts Certificate of Good Stan		ts		
	**APOSTILLE' / NO	OTARIAL	CERTIFICATIO	ON**	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA					<u></u>
TOTAL OWED \$150.00	)			: 12016000007 8 FH	2
Please call Tina at ti	he above number for c	any issues			o much!

### **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: Skyline Lien Search Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation  (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)
01/03/2005 OB
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:
Skyline Lien Search 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.

Certified Copy: Certificate of Status: \$30.00 (Optional)

\$5.00 (Optional)

STORY OF STANKER STANKER

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Skyline Lien Search LLC (Must cont	ain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and		principal office of the Limited Liability Company i	s:
Principal Office Addre	ess:	Mailing Address:	
8785 SW 165TH AVE, PH	<del>1</del> 301	8785 SW 165TH AVE, PH 301	
Miami, FL 33193		Miami, FL 33193	
<u>Den</u>	ys Ferreiro Na	me	
878	5 SW 165TH AVE. PH :	301	
	5 SW 165TH AVE, PH orida street address (P	O. Box <u>NOT</u> acceptable)	
	orida street address (P	.O. Box NOT acceptable)	
Flo	orida street address (P	·	

(CONTINUED)

ARTICLE IV-

Citle:	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		
MGR	Denys Ferreiro	
	8785 SW 165TH AVE, PH 301	
	Miami, FL 33193	
405		
MGR	Ralph Espinosa 2600 Douglas Road, Suite 800	• • •
	Corel Cobles El 22124	
	Coral Gables, FL 33134	
no use we will be a second or		
•		
<del></del>		
Use attachment if necessary)		
EV: Other provisions, if any.		
REQUIRED SIGNATURE:		
Description is		
Dunys Ferneiro		
ar r	the standard management	a <b>su</b>
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am	n awar
any false information submitted in a docu	ment to the Department of State constitutes a third de	egree
as provided for in s.817.155, F.S.	•	
Denys Ferreiro		
CONTO I CHOIC	1	
Ϋ́t	ped or printed name of signee	