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(Business Entity Name) (Document Number)	S. CHATHAMA S. CHATHAMA NOV LO 22 HOV 28 ANH 28 NOV LO 2021 UN 28 ANH 28
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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Name:	Kimco of North Miami, Inc.
Document #:	
Order #:	14649650

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Articles of Conversion	~	
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For	co	$-\tilde{x} =$
"Other Business Entity"		
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<u>Florida Limited Liability Company</u>	N	<u> </u>
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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: Kimco of North Miami, 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)

09/25/1985 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:

Kimeo of North Miami, 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 14th day of November	20_22
Signature of Authorized Representative of Limite	ed Liability Company:
Signature of Authorized Representative:K	Aitle: Authorized Person
Signature(s) on behalf of Other Business Entity: [S	<pre>iee below for required signature(s)}</pre>
Signature:	Title: Assistant Secretary
Signature: Printed Name:	Title:
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 C If Directors or Officers have not been selected, an Inc	Officer. orporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	v Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

DIVISION OF CONFORMATIONS 22 NOV 28 AH II: 28

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kimco of North Miami, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
500 North Broadway, Suite 201	500 North Broadway, Suite 201
Jericho, New York 11753	Jericho, New York 11753

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida	a street address of the	e registered agent a	ire:	22 NON	ALSICH ALSICH
СТС	orporation System			83	
	Na	ime		Æ	
1200 \$	South Pine Island Road				OR A N N N
Flor	ida street address (P	P.O. Box <u>NOT</u> acce	ptable)	28	ПОН:
Planta	tion	FL 33324			
	City	Zi	р		

 \Box

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.,

C T Corporation System

By:

Stephance Honcy

Registered Agent's Signature (REQUIRED)

Stephanie Hencz Assistant Secretary

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	<u>Name and Address:</u>	
"MGR" = Manager	KRCN Delaware Company, LLC	
AMBR	500 North Broadway, Suite 201	
	Jericho, New York 11753	<u> </u>
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		N 201
(Use attachment if necessary)		ÂCN ÂCN
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ICLE V: Other provisions, if any.		A ri
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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.

Kathleen M. Gazerro, authorized representative

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)