# L22000507330

(Re	questor's Name)	<del></del>
(Address)		
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE

FILED

## **COVER LETTER**

Division of Corporations		•	
SUBJECT: NNN 101 LLC			
	sulting Florida Limit	ed Company)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	_	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.	
Please return all correspondence concerning	g this matter to:		
Erico Ferreira			
(Contact Person)			
NNN 101 LLC			
(Firm/Company)			
220 71st Street, Suite # 213			
(Address)			
Miami Beach, FL 33141			
(City, State and Zip Code)			
ericosqf@gmail.com			
E-mail Address: (to be used for future annual re	eport notifications)		
For further information concerning this ma	atter, please call:		
Virginia Schwartz	at (	)866-2224	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the		rocessed by this office must be partie in s	
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		
Mailing Address:		Street Address:	
•		New Filing Section	
·		Division of Corporations  The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

9254

#### **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 AI NNN 101 LLC	rticles of Conversion is:
(Enter Name of Other Business Entity)	<del></del>
The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, con	mmon 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)
02/23/2015 on	•
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached a	Articles of Organization:
NNN 101 LLC	22 SE SE
(Enter Name of Florida Limited Liability Company)	FIL 22 NOV 11 SECRE VAR FALLAHAS
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 that the date this document is filed by the Florida Department of State.)	an 90 calendar days aft 🗐
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statut	es.

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.

\$5.00 (Optional)

Certificate of Status:

22 NOV 11 PM 7: 3 SECRETARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NNN 101 LLC		
	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited Liability Compa	ıy ist
Principal Office Address:	Mailing Address:	
220 71st Street	220 71st Street	
Suite # 213	Suite # 213	
Miami Beach, FL 33141	Miami Beach, FL	
Virginia Schwartz		
	Name	
300 71st Street, Suite	# 525	
	# 525	71
	# 525	<u> </u>
Florida street addre	# 525 ess (P.O. Box <u>NOT</u> acceptable)  33141	FILE

(CONTINUED)

#### ARTICLE IV-

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

<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Erico Sodre Quirino Ferreira
<del></del>	220 71st Street, Suite 213
	Miami Beach, FL 33141
AMBR	Stela Maria Quirino Ferreira Olyntho Arruda
· ·	220 71st Street, Suite 213
	Miami Beach, FL 33141
·	
·	

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

REQUIRED SIGNATUKE:

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.

Erico Sodre Quirino Ferreira

Typed or printed name of signee

#### Filing Fees

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