

L22000521643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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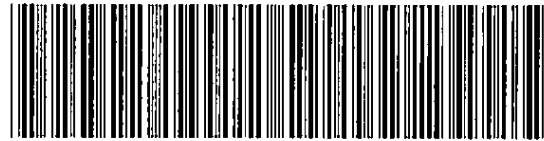
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
DEC 14 2022

11/11/2022 11:11:11 AM

2022 DEC 13 PM 2:59

22 DEC 13 PM 5:11
S. CHATHAM
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Filing Cover Sheet

2022 DEC 13 PM 2:59

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 12/13/2022

Trans#: 1345298

Entity Name: ALIR SETTLEMENTS, LLC (CA) CONVERTING TO ALIR /
SETTLEMENTS, LLC (FL)

Articles of Incorporation ()

Articles of Dissolution ()

Conversion (XXX)

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Other ()

Articles of Amendment ()

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

Partnership Registration ()

STATE FEES PREPAID WITH CHECK # 3095 FOR \$150.00

PLEASE RETURN:

Certified Copy () Plain Stamped Copy (XXX)

Good Standing () Certificate of Fact ()

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:
ALIR Settlements, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of California
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/31/2016
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
ALIR Settlements, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 12/15/22

(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.

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DIVISION OF
2022 DEC 13 PM 2:11

Signed this 05 day of December 2022.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: James Dougal Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]
Printed Name: James Dougal Title: Manager

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 Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

SECRET
DIVISION OF
22 DEC 13 AM 15:00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALIR Settlements, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

WeWork, 200 Spectrum Center Drive

Suite 300

Irvine, CA 92618

Mailing Address:

WeWork, 200 Spectrum Center Drive

Suite 300

Irvine, CA 92618

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 street address of the registered agent are:

Capitol Corporate Services, Inc

Name

515 E Park Avenue, Floor 2

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

City

FL

32301

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.

Taylor Seay

Taylor Seay, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF REVENUE
2023/13/07

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

James Dougal

WeWork, 200 Spectrum Center Drive, Ste 300

Irvine, CA 92618

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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.

James Dougal

Typed or printed name of signer

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)

FILED
DIVISION OF
CORPORATE
STATE
JAN 13 2013

Capitol Services
515 E. Park Ave.
Floor 2
Tallahassee, FL 32301

IMT RESIDENTIAL
ATTN: RANA YASSINI
15303 VENTURA BLVD STE 200
SHERMAN OAKS CA 91403-3126