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

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations			
·			
SUBJECT: 860 Franklin RM Holdings LLC (Name of R	esulting Florida Limit	ed Com	pany)
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	-		
Please return all correspondence concerni	ing this matter to:		
Paula Barnett			
(Contact Person)		-	
Pino Nicholson PLLC			
(Firm/Company)		-	
99 S. New York Ave.			
(Address)		-	
Winter Park, FL 32789			
(City, State and Zip Code) .	•	
pbarnett@pinonicholsonlaw.com			
E-mail Address: (to be used for future annual	report notifications)	•	
For further information concerning this m	natter, please call:		
Paula Barnett	at (425-7	831 ext. 108
(Name of Contact Person)	(Area Code)	(Dayı	time Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		rocess	ed by this office must be payable in US
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations		New F	Address: Filing Section on of Corporations
P.O. Box 6327			entre of Tallahassee
Tallahassee, FL 32314			N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 A 860 Franklin RM Holdings LLC	rticles of Conversion is:
(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, co	
First organized, formed or incorporated under the laws of	
July 28, 2022	r. the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached a 860 Franklin RM Holdings LLC	Articles of Organization:
(Enter Name of Florida Limited Liability Company)	·
(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.) 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. 5. The plan of conversion has been approved in accordance with all applicable statut	s date will not be listed as the
 The "Converted or Other Business Entity" has agreed to pay any members having appropriate such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S. 	
	ZB22 DEC 19 PH12: 00

Signed this 12th day of December	20 22 .
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative: Printed Name: Mikhail Zlotnik	Mikkail Blotnik
Printed Name: Mikhail Zlotnik	Title: President of Manager
Signature(s) on behalf of Other Business Entity	(See below for required signature(s)
Mikhail 3lotnik	
Signature: Mikhail Zlotnik Printed Name: Mikhail Zlotnik	Title: President of Manager
Signature:	
Printed Name:	Title:
Signature:	
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, of Directors on Officers have not be used to be	
If Directors or Officers have not been selected, an	Incorporator must sign.
If Florida General Partnership or Limited Liab	<u>ility Partnership:</u>
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	ility Limited Partnership:
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization.	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2922 DEC 19 PM 12: 00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:
860 Franklin RM Holdings LLC	
(Must contain the words "Limited Liab	ility 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:
99 S. New York Ave.	P.O. Box 1750
Winter Park, FL 32789	Winter Park, FL 32790
The name and the Florida street address of the Laurence J. Pino, P.A. Nat	
Nai	me
99 S. New York Ave.	
Florida street address (P.	O. Box NOT acceptable)
Winter Park	FL 32789
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as the degistered Agent's Si	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of ace performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S
	19 PH

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	RM Property MGMT CORP
	99 S. New York Ave.
	Winter Park, FL 32789
	-
	
(Use attachment if necessary)	
•	
•	
LE V: Other provisions, if any.	MASS 15-17 AB 19 NO LITE TO WAIT 10 MATE
LE V: Other provisions, if any.	Mikhail Zlolaik
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	Mikhail Zlotaik
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a docur	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Mikhail Zlotnik	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware nent to the Department of State constitutes a third degree fe
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Mikhail Zlotnik Typ	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware nent to the Department of State constitutes a third degree fe ped or printed name of signee Filing Fees
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Mikhail Zlotnik Typ \$125.00 Filing Fee for Articles o	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware nent to the Department of State constitutes a third degree fe ped or printed name of signee Filing Fees f Organization and Designation of Registered.
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Mikhail Zlotnik Typ	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware nent to the Department of State constitutes a third degree fe ped or printed name of signee Filing Fees f Organization and Designation of Registered.
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Mikhail Zlotnik Typ	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe ped or printed name of signee Filing Fees f Organization and Designation of Registered al) \$ 5.00 Certificate of Status (Option