L12000534794

(Requestor's Name)
/Address-1
(Address)
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,,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Lawrence)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing S Division of C					
SUBJECT: Take a E	Break Travel, LLC				
30D#ECT	(Name of Res	ulting	Florida Limite	d Con	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this	matter to:		
Rebecca DiStefano					
	(Contact Person)				
Greenberg Traurig, P.,	Α.				
	(Firm/Company)				
401 East Las Olas Bo	ulevard, Suite 2000				
	(Address)				
Fort Lauderdale, FL 33	3301				
(1	City, State and Zip Code)				
distefanor@gtlaw.com	i e				
E-mail Address: (to b	e used for future annual re	ort ne	otifications)		
For further informati	on concerning this ma	ter. p	olease call:		
Rebecca DiStefano		at (954	768-8	8221
(Name of Conta	ict Person)			(Day	time Telephone Number)
	or the following amou a bank located in the	-	-	rocess	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status		180.00 Filing I Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		5	Street	t Address:
New Filing S	ection		Ī	New I	Filing Section
Division of C	•				ion of Corporations
P.O. Box 632					Centre of Tallahassee N. Monroe Street, Suite 810
Taliahassee,	r に 323 t4		-	4410	in, withing succe, suite 810

Tallahassee, FL 32303

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	ate:	12/27/2022	~ 11
		Acc#I20160000072	- 4: CDW
Name:	Take a Bre	ak Travel, LLC	
Document #:			
Order #:	14695352 -	13	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🚺	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier	Amount:	\$ 180.00	

Ref#

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

22 DEC 27 THIT: 01

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: Take a Break Travel, Inc.
(Enter Name of Other Business Entity)
The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
December 30, 2003
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Take a Break Travel, 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 2	3 day of December	202
Signature of	Authorized Representative of I	Limited Liability Company:
		The utagreed by
Signature of A	Authorized Representative:	econy Internate
Printed Name	: Kevin M. Sheehan	Title: President and CEO
Signature(s)	on behalf of Other Business Enti	ty: [See below for required signature(s)]
Signature:	territy Steelbate	
Printed Name	Kevin M. Sheehan	Title: Sole Director
Signature:		Title:
Printed Name	·	Title:
· ·		
Signature:		Title:
Printed Name	·	riue:
Cianatura		
Drintad Mamo		Title:
Timed Name	·	
Sionature:		
Printed Name		Title:
Timed Name	·	
Signature:		
Printed Name		Title:
<u>If Florida Co</u>	orporation:	
Signature of C	Chairman, Vice Chairman, Director	r, or Officer.
If Directors or	r Officers have not been selected, a	in Incorporator must sign.
	eneral Partnership or Limited Li	ability Partnership:
Signature of o	one General Partner.	
<u>If Florida Lii</u>	mited Partnership or Limited Li	ability Limited Partnership:
Signatures of	ALL General Partners.	
413 .1		
All others:	and a state of the	
Signature of a	in authorized person.	
Fees:		
Articl	es of Conversion:	\$25.00
	for Florida Articles of Organization	
	ied Copy:	\$30.00 (Optional)
	Teate of Status:	\$5.00 (Optional)
Centi	reare or mains,	φέλιο (Ορικίπαι)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Take a Break Travel, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC."}
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
•	· · · ·
Principal Office Address:	Mailing Address:
6400 N Andrews Ave, #340	6400 N Andrews Ave, #340
Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33309
ADTICLE III Dogistanad Agust Dogistanad	Office P.D. 14 A. C.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe	red Agent. You must designate an individual or another
business entity with an active Florida registration.)	22 22
The name and the Florida street address of the re	gistered agent are:
The fame and the Florida street address of the fe	gistered agent are.
C T Corporation System	27
Name	Box NOT accentable)
1200 South Pine Island Road	
Florida street address (P.O.	Box NOT acceptable)
Plantation	FL ³³³²⁴
City	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.,

David Westcott, Assistant

Secretary

CT Corporation System

Registered Agent's Signature (REQUIRED)

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/1	17			. F.	I V -

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

"AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	PMC Everglade, LLC
	6400 N Andrews Ave, #340
	Fort Lauderdale, Florida 33309
	-
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)	
LE V: Other provisions, if any.	d CEO of Take a Break Travel, LLC.
Use attachment if necessary) LE V: Other provisions, if any. Sheehan shall serve as President an	d CEO of Take a Break Travel, LLC.
.E V: Other provisions, if any.	d CEO of Take a Break Travel, LLC.
LE V: Other provisions, if any. Sheehan shall serve as President an	d CEO of Take a Break Travel, LLC.
LE V: Other provisions, if any. Sheehan shall serve as President an	d CEO of Take a Break Travel, LLC.
LE V: Other provisions, if any. Sheehan shall serve as President an REQUIRED SIGNATURE:	d CEO of Take a Break Travel, LLC.
.E V: Other provisions, if any.	d CEO of Take a Break Travel, LLC.
Sheehan shall serve as President an REQUIRED SIGNATURE: President by	
Signature of a member o	r an authorized representative of a member
Signature of a member of This document is executed in accordan any false information submitted in a document and submitted and s	
Signature of a member of This document is executed in accordan	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am awa
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am awa
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. Kevin M. Sheehan	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am awa

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)