L23000000544

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

Office Use Only



800399364168





COVER LETTER

Division of Corporations			
SUBJECT: CLIFTON ESTATES LLC			
	sulting Florida L	imited Cor	npany)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L			
Please return all correspondence concernin	g this matter t	o:	
JEANETTE			
(Contact Person)			
AGENTS AND CORPORATIONS, INC.			
(Firm/Company)	-		
1201 ORANGE ST., SUITE 600			
(Address)			
WILMINGTON, DE 19801			
(City, State and Zip Code)	<u> </u>		
E-mail Address: (to be used for future annual re	port notification	s)	
For further information concerning this ma	itter, please ca	11:	
JEANETTE	_at ()575-	0877
(Name of Contact Person)	(Area Co	de) (Da	rtime Telephone Number)
Enclosed is a check for the following amoudollars and drawn on a bank located in the		•	sed by this office must be payable in US
\$ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Fil and Certified		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
			t Address:
New Filing Section			Filing Section
Division of Corporations P.O. Box 6327			ion of Corporations Centre of Tallahassee
Tallahassee, FL 32314			N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

Articles of Conversion For Other Business Entity"

"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.

CLIFTON ESTATES 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
DECEMBER 17, 2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CLIFTON ESTATES 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	day of	20	
	thorized Representative of L		
Signature of Auth Printed Name: ALF	norized Representative: 🕙 REDO MARIANO BIONDINI	Title: MANAGER	
		v: [See below for required signature(s)]	
Signature: Printed Name: ALF	REDO MARIANO BIONDINI	Title: MANAGER	_ _
Signature:		Title:	_
Signature:			
Printed Name:		Title:	_
Signature:		Title:	_
Printed Name:		Title:	_
Signature:			_
Printed Name:	 -	Title:	_
Signature:			
Printed Name:		Title:	_
If Florida Corpo		000	
	man, Vice Chairman, Director, icers have not been selected, at		
If Florida General Signature of one C	al Partnership or Limited Lia General Partner	bility Partnership:	
If Florida Limite	d Partnership or Limited Lia _ General Partners.	bility Limited Partnership:	
All others: Signature of an au	thorized person.		
Fees:			

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

\$5.00 (Optional)

Certificate of Status:

•

	r ORGANIZATION I	FOR FLORIDA LIMITED LIABILITY COMPA
ARTICLE I - The name of th	Name: e Limited Liability Com	npany is:
CLIFTON ESTA		ited Liability Company, "L.L.C.," or "LLC.")
		ten mathrity company. 1515.05, or 153.5.7
ARTICLE II - The mailing ad		of the principal office of the Limited Liability Compa
Principal Offic	e Address:	Mailing Address:
2625 WESTON WESTON, FL 33		2625 WESTON RD., SUITE D WESTON, FL 33331
(The Limited Liabili		egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and t	he Florida street address	s of the registered agent are:
	MMXVII CONSULTIN	4G LLC
		Name
	2625 WESTON RD.,	SUITE D
	Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
	WESTON	FL 33331
	City	Zip
	•	
liability co registered ag statutes relo	named as registered age ompany at the place desig ent and agree to act in th uting to the proper and co	ent and to accept service of process for the above stated gnated in this certificate. I hereby accept the appointme his capacity. I further agree to comply with the provision omplete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 605,
liability co registered ag statutes relo	named as registered age ompany at the place desig ent and agree to act in th uting to the proper and co	gnated in this certificate. Thereby accept the appointm his capacity. I further agree to comply with the provision omplete performance of my duties, and I am familiar w

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	ALFREDO MARIANO BIONDINI 2625 WESTON RD., SUITE D		
	WESTON, FL 33331		
			
(Use attachment if necessary)			
LE V: Other provisions, if any.			
<u>REQUIRED</u> SIGNATURE:			
	an authorized representative of a member		
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware t		
as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree fe		
c-yz			
	ALFREDO MARIANO BIONDINI		
Ty	ped or printed name of signee		

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