# L23000/64972

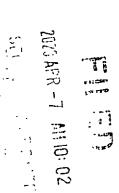
(Re	questor's Name)	
(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office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



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Constitution 2023





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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MENDMENT_FILING
TIES, INC.
D ORGANIZATION
RPORATION
PROOF OF FILING:
NDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS:

#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Sashimi Properties LLC		
(Name of Re	esulting Florida Limite	d Company)
The enclosed Articles of Conversion, Articles Entity" into a "Florida Limited L	cles of Organization	on, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concernit	ng this matter to:	
Eduardo Fernandez		
(Contact Person)		
Willkie Farr & Gallagher LLP		
(Firm/Company)	, <del>,</del>	
787 Seventh Avenue, Office 3708-G		
(Address)		
New York, NY, 10019		
(City, State and Zip Code)	)	
eafernandez@willkie.com		
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this m	atter, please call:	
Eduardo Fernandez	at (212	7283255
(Name of Contact Person)	(Area Code)	)7283255 (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\begin{array}{c} \$155.00 Filing Fees and Certificate of Status \end{array}\$		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## 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:
Sashimi Properties, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common 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)
03/08/2022
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sashimi Properties 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 4th day of April	20 23		
Signature of Authorized Representative of Limite	ed Liability Company:		
	//_		
Signature of Authorized Representative:			
Printed Name: Rafael Fabian	Title: Manager		
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)		
	,,,		
Signature: /s/ Rafael Fabian	Duraidana		
Printed Name: Rafael Fabian	Title: President		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature: Printed Name:	Tisle.		
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 Inc	corporator must sign.		
If Florida General Partnership or Limited Liabilit	ty Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:		
Signatures of ALL General Partners.		<b>20</b> S3	
_		2023 APR Sector	
All others: Signature of an authorized person.		Fig. 50	1
Signature of an audionized person.			VARIATION OF THE PERSON OF THE
Fees:			:
Articles of Conversion:	\$25.00	MH 10: 02	= "
Fees for Florida Articles of Organization:	\$125.00	); (	
Certified Copy:	\$30.00 (Optional)	;	
Certificate of Status:	\$5.00 (Optional)		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:				
Sashimi Properties LLC (Must contain the work	ds "Limited Liability Compa	ny, "L.L.C.," or "LLC.")	<del></del>		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal	office of the Limited Liabil	lity Comp	any is	ı:
Principal Office Address:	<u>Mai</u>	ling Address:			
4675 Ponce de Leon Blvd. Ste. 302 Coral Gables, FL, 33146		Ponce de Leon Blvd. Ste. 302 al Gables, FL, 33146	<u>2</u>		
ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida regi	rve as its own Registered Ag	re, & Registered Agent's Si ent. You must designate an individua	ignature: I or another		
The name and the Florida street	address of the registe	red agent are:	Si	2023 APR	*
Rafael Fabiai	n, P.A.		- '	<del>2</del> 0	= ta~
	Name	<del></del>	; <u>.</u>	-7	ETEC.
4675 Ponce (	de Leon Blvd. Ste. 302			AM 10: 02	, d d
Florida stre	et address (P.O. Box	NOT acceptable)	 	<u>.</u>	CA BOAR
Coral Gables	F	L 33146	1	)2	
	City	Zip			
	1	nt samples of process for the	ahove stat	ed lim	ited

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

'AMBR" = Authorized Member 'MGR" = Manager	
MGR	Rafael Fabian, Esq.
<del></del>	4675 Ponce de Leon Blvd.
	Coral Gables, FL, 33146
	20
	20 20 20
<del></del>	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member rdance with section 605.0203 (1) (b), Florida Statutes. I am aware the adocument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member This document is executed in account as provided for in s.817.155, F.S.	er or an authorized representative of a member rdance with section 605.0203 (1) (b), Florida Statutes. I am aware the adocument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member This document is executed in account as provided for in s.817.155, F.S.	er or an authorized representative of a member

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

ARTICLE IV-