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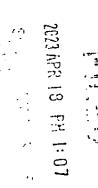
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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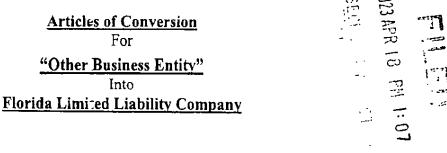


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ount: I20210000160: \$ 150.00
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DOCUMENT #
cicles of Organization
<b>AMMENDMENTS</b>
AmendmentResignation of R.A. Officer/DirectChange of Registered AgentRevocation of DissolutionMerger X Conversion
Amended and restated Articles Statement of Authority
Amended and restated Articles
Amended and restated Articles Statement of Authority  REGISTERATION/QUALIFICATIONS  Foreign filing
Amended and restated Articles Statement of Authority  REGISTERATION/QUALIFICATIONS
Amended and restated Articles Statement of Authority  REGISTERATION/QUALIFICATIONS  Foreign filing Limited Partnership

## **COVER LETTER**

PO: New Filing Section Division of Corporations			
SUBJECT: Capital Plaza West Properties L	LC.		
	esulting Flarida Li	imited Cor	mpany)
The enclosed Articles of Conversion, Articles Entity" into a "Florida Limited I	cles of Organiz Liability Compa	ation, ar any" in a	ed fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter t	o:	
Stuart B. Klein			
(Contact Person)			
Stuart B. Klein, P.A.			
(Firm/Company)			
4400 PGA Blvd., Suite 603			
(Address)		<del></del>	
Palm Beach Gardens			
(City, State and Zip Code)	<del>_</del> -		
sklein@kleinslaw.com			
E-mail Address: (to be used for future annual re	eport notifications	3)	
For further information concerning this ma	atter, please cal	il:	
Stuart B. Klein	at (	չ 478-	1588
(Name of Contact Person)		de) (Day	time Telephone Number)
Enclosed is a check for the following amordollars and drawn on a bank located in the	unt: (All check United States)	s proces:	sed 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 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New I Divisi The C 2415	Address: Filing Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303



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:  Capital Plaza West Properties LLC
(Enter Name of Other E-usiness 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.
(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)
08/08/2013 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: Capital Plaza West 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 locument's effective date on the Department of State's records.
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. 605.1005 and 605.1061-605.1072, F.S.

Signe	•	day of April	20 <b>23</b>
Signe	d tills <u>04</u>	day of <u>opin</u>	20_ <b>£.3</b>
<u>Signa</u>	ture of Autho	orized Representative of Lim	ited Liability Company:
Signat	ture of Author	ized Representative:	13/194)
Printe	d Name: <u>Debor</u>	ah Stander	Title: AMBR
Signa	ture(s) on beh	alf of Other Business Entity:	[See below for required signature(s)]
Signat	ure:	its, m.	
Printe	d Name: Lance	Stander	Title: AMBR
Signat	ure:		
Printe	d Name:		Title:
Printe	d Name:		Title:
Printed	d Name:		Title:
Signat	ure:		
Printed	d Name:		Title:
Printed	d Name:		Title:
If Flor	rida Corporat	ion:	
Signati	ure of Chairma	in, Vice Chairman, Director, or	Officer.
lf Dire	ctors or Office	rs have not been selected, an In	corporator must sign.
If Flor	ida General F	artnership or Limited Liabili	ty Partnership:
Signati	ure of one Gen	eral Partner.	
If Flor	ida Limited P	artnership or Limited Liabili	ty Limited Partnership:
Signati	ures of <u>ALL</u> G	eneral Partners.	
All oth			
Signatu	are of an autho	rized person.	
Fees:			
	Articles of C	onversion:	\$25.00
		ida Articles of Organization:	\$125.00
	Certified Cop Certificate of		\$30.00 (Optional) \$5.00 (Optional)
			ware (Opiionar)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Capital Plaza West Properties LLC			
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the prin	cipal office of the Limited I	Liability	Company is:
Principal Office Address:	Mailing Address:		
5651 Delacroix Terrace	5651 Delacroix Terrace		
	Palm Beach Gardens, FL 334	18	<del></del>
			_
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the reg	d Agent. You must designate an indi	's Signa vidual or a	ature:
the Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the reg	d Agent. You must designate an indi	's Signa vidual <u>or</u> a	moder PR 18
(The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	d Agent. You must designate an indi	's Signa vidual or a	modern IPR 18 PH
the Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the reg  Lance Stander  Name	d Agent. You must designate an indi	's Signa vidual or a	moder PR 18
(The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the reg  Lance Stander  Name  5651 Delacroix Terrace	ed Agent. You must designate an indi	's Signa vidual or a	MPR 18 PH 1:
The name and the Florida street address of the reg  Lance Stander  Name  5651 Delacroix Terrace  Florida street address (P.O. B	istered agent are:  Box NOT acceptable)	's Signa vidual or a	MPR 18 PH 1:
(The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the reg  Lance Stander  Name  5651 Delacroix Terrace	ed Agent. You must designate an indi	e's Signa vidual or a	MPR 18 PH 1:

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)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Lance Stander	
	5651 Delacroix Terrace	
	Palm Beach Gardens, FL 33418	<del></del>
	Talifi Doach Gardens, 1 E 334 18	(0 0
AMBR	Deborah Stander	
	5651 Delacroix Terrace	
	Palm Beach Gardens, FL 33418	.:
		-:
		1:1
		<del></del>
	<del></del>	
(Use attachment if necessary)		· <del>- v </del>
LE V: Other provisions, if any.		
LE V: Other provisions, if any.  ful Purpose  REQUIRED SIGNATURE:	At	
Signature of a member or ar	Stander (Apr 4, 2023 13:29 EDT)  n authorized representative of a me ith section 605.0203 (1) (b), Florida Statutes.	I am assaum th
REQUIRED SIGNATURE:  Lance S  Signature of a member or an This document is executed in accordance w	a authorized representative of a me	I am assaum th

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)