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

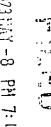
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2023 NAY -8 - PH 7: 41 SECRETARY OF STATE



COVER LETTER

TO:	New Filing S Division of C				
SHRI		on the Bay MV, LLC			
SUD	ieci:		sulting Florida Lin	nited Cor	mpany)
					nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to	:	
Marie	la Nunez				
		(Contact Person)			
Sunse	et on the Bay MV	, LLC			
		(Firm/Company)		_	
491 S	W 125th Ave				
		(Address)		_	
Miam	i FL 33184				
	((City, State and Zip Code)		_	
mfont	aine0311@hotm	ail.com			
E-1	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	ırther informati	on concerning this ma	tter, please call	:	
Marie	la Nunez		at (305	984-	0475
	(Name of Conta	act Person)		e) (Day	ytime Telephone Number)
		for the following amous a bank located in the		proces	sed by this office must be payable in US
(\$25 fd & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified C	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 27		New Divis The 0 2415	Et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Sunset on the Bay 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.)
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 07/20/2022
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sunset on the Bay MV, 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 02	day of May	2023	
Signature of Autl	norized Representative	of Limited Liability Company:	
Signature of Author	orized Representative: /	Mesiela Aifner Title: President	
Signature(s) on be	half of Other Business I	Entity: See below for required signature	e(s)]
Signature:	excela figures	Title: President	
Printed Name: Mari	eła Nunez	Title: President	
Signature:			
Printed Name:		Title:	
Signatura			
Printed Name:_		Title:	
Signature:		2721.1	
rrinted Name:	· · · · · · · · · · · · · · · · · · ·	Title:	
Signature:			
Printed Name:		Title:	
Printed Name:		Title:	
<u>If Florida Corpora</u>			
Signature of Chairn	nan, Vice Chairman, Dire	ector, or Officer.	
If Directors or Office	eers have not been selecte	ed, an Incorporator must sign.	
If Florida General	Partnership or Limited	Liability Partnershin:	
Signature of one Ge	eneral Partner.		
If Florida Limited	Partnershin or Limited	Liability Limited Partnership:	
Signatures of ALL	General Partners.	- Samuel Farmer Ship.	
All others: Signature of an auth	norized person.		
Fees:			
Articles of	Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: SECRETARY OF STATE
SECRETARY OF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	inv is:
, 1	
Sunset on the Bay MV, LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3030 NW 82nd Ave, Doral FL 33122	491 SW 125th Ave, Miami FL 33184
3030 NW 82nd Ave. Doral FL 33122	491 SW 125th Ave, Miami FL 33184
	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another C the requirement agent.
The name and the Florida street address o	t the registered agent are:
Mariela Nunez	
	Name
491 SW 125th Ave	
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
Miami	FL 33184
City	Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compact accept the obligations of my position Registered Agent	and to accept service of process for the above stated limited ated in this certificate. I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S Signature (MEQUIRED) NTINUED) NTINUED

ARTICLE IV-

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

MGR = Manager MGR	<u>Title:</u> "AMBR" = Authorized Memb	Name and Address:
Mariela Nunez 491 SW 125th Ave Miami FL 33184 Victor Diaz 491 SW 125th Ave Miami FL 33184 (Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felt as provided for in s.817.155, F.S.		ær -
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	any talse information submitted in as provided for in \$ 817 155 F S	n a document to the Department of State constitutes a third degree felor
Mariela IVINEZ	•	
	M	ariela IVVNPZ
		Typed or printed name of signee

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)