(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2023 JUL 12 AM 12: 01

RECEIVED

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	ER SERVICES, INC
Please use funds from this according Authorization Signature:	unt: I20210000160:\$150.00
Certified Copy of Articles Certificate of Status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Corp Not for Profit Officer/Director Limited Liability Domestication Other CORP LLLP	Amendment Resignation of R.A. or member Dissolution Change of Registered Agent Revocation of Dissolution Merger X Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
TrademarkAnnual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTILLE Country	Other

EXAMINIER'S INITIALS:____

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: 1251 Broad Enterprises, 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
(Enter state, or if a non-U.S. entity, the name of the country)
7/9/2013 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
1251 Broad Enterprises, 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.

2023 JUL 11 AM 12: 01
SECRETARY OF STATE
TANK APPROPRIES

Signed this 10 day of July	20 25
	tative of Limited Liability Company:
Signature of Authorized Representat	ive:Title: Authorized Representative
Signature(s) of behalf of Other Bus	iness Entity: [See below for required signature(s)]
Signature(s) obtbehalt of Other Bus Signature: Printed Name: Georges Collin	 ,
Signature:	<u> </u>
Printed Name: Geolges Collin \	Title: Manager
· · ·	
Signature:	Title:
Finited Name.	
Signature:	
Printed Name:	Title:
Signature:	93.4
Printed Name:	Title:
Simpture:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairma	on Director or Officer
If Directors or Officers have not been	
	,
<u>If Florida General Partnership or I</u>	Limited Liability Partnership:
Signature of one General Partner.	
rom that to the control of	Santa at Linkilla, I taufani Danasa ambias
If Florida Limited Partnership or I Signatures of <u>ALL</u> General Partners.	<u> imited Liability Limited Partnership:</u>
Signatures of ALL General Farmers.	
All others:	
Signature of an authorized person.	
Fees:	
	535.00
Articles of Conversion:	\$25.00 •

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: 1251 BROAD ENTERPRISES, LLC

Entity No.: 201319010403 **Registration Date:** 07/09/2013

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

CALIFORNIA CALIFORNIA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 19, 2023.

SHIRLEY N. WEBER, PH.D. Secretary of State

SECRETARY OF STATE

Certificate No.: 110370420

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
1251 Broad Enterprises, LLC		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
4743 Bocaire Blvd	4743 Bocaire Blvd	
Boca Raton, FL 33487	Boca Raton, FL 33487	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address o	n Registered Agent. You must designate at	gent's Signature: a individual or another
Mark B. Goldstein		
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Name	
2700 N Military Trail, Sto	e 130	
	s (P.O. Box <u>NOT</u> acceptable)	
Boca Raton,	FL ³³⁴³¹	
City	Zip	
	ated in this certificate, I hereby a capacity. I further agree to com- plete pexformance of my duties, (ccept the appointment as ply with the provisions of all and I am familiar with and

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Georges Collin
	4743 Bocaire Blvd.
	Boca Raton, FL 33487
	Doca Maton, 1 E oo to.
(Use attachment if necessary)	
(Osc attachment if necessary)	
•	
•	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	-1
CLE V: Other provisions, if any.	1
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	ice with section 605,0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document of the submitted in a do	or an authorized representative of a member acce with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fel
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Signature of a member of This document is executed in a document as provided for in s.817.155, F.S.	ice with section 605,0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in a document any false information submitted in a document as provided for in s.817.155, F.S. Mark B. Goldstein	uce with section 605.0203 (1) (b), Florida Statutes. I am aware to cument to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member of This document is executed in adcordan any false information submitted in a docas provided for in s.817.155, F.S. Mark B. Goldstein	ice with section 605,0203 (1) (b), Florida Statutes. I am aware t

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