L23000533391

(Requestor's Name)
(Address)
(100.000)
(Address)
(City/State/Zip/Phone #)
(*) ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.

Office Use Only



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11/13/23--01046--011 **185.00

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COVER LETTER

TO:	New Filing S Division of C		•			
		Idings LLC				
SUB.	JECT:		ardrina Elanida Lia	lead Ca		
		(Name of Re	sulting Florida Lim	nea Co	mpany)	
					nd fees are submitted to conver accordance with s. 605.1045, F	
Please	e return all corr	espondence concernin	g this matter to:			
Richa	rd Ellenbogen					
		(Contact Person)		_		
		(Firm/Company)		_		
250 N	Cortez Drive	/ Addunes	<u> </u>	_		
Marga	ate, FL 33068	(Address)				
richard) d@ellenbogen.la	City, State and Zip Code) w		-		
E-n	nail Address: (to b	e used for future annual re	port notifications)	_		
For fu	rther informati	on concerning this ma	tter, please call:			
Richa	rd Ellenbogen		203	216-	9481	
	(Name of Conta	ct Person)	_at ((Area Code	_ <i>)</i>) (Daj	ytime Telephone Number)	
Enclo dollar	sed is a check t s and drawn on	or the following amou a bank located in the	int: (All checks United States)	oroces	sed by this office must be paya	ible in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	•	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Adde New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	· · · · · · · · · · · · · · · · · · ·

Signed this 64 day of November	20 <i>23</i>	
Signature of Authorized Representative of Lim		
Signature of Authorized Representative: / Lewis Printed Name: Richard Ellenbogen	Title: Manager	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: The hand Mallaly		
Printed Name: Richard Ellenbogen	Title: Manager	
Signature: Printed Name: Debra Weissman	Title: Manager	
Signature:Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman. Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> . General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:	-	- ah
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy; Certificate of Status;	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	3: 07

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 Manager	Richard Elfenbogen 250 N Cortez Orive Margate, FL 33068			
Monagan	Debra Weissman 250 N Cortez Drive Margate, FL 33068			
Manager	Scota Melastina 250 N Cortez Bilve Walgate, 1 C 03000			
(Use attachment if necessary)				
CLE V: Other provisions, if any.				
REQUIRED SIGNATURE:	lles			
This document is executed in accordance v	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that the the Department of State constitutes a third degree felon			
Richard Ellenbogen				
Typ	ved or printed name of ciunos			

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)

COVER LETTER

TO:	New Filing S Division of C					
0110	Adari Ho	oldings LLC				
SUBJ	ECT:	(Name of Re	sulting Florida Lir	nited Co	mpany)	
The e	nclosed Article ess Entity" into	es of Conversion, Artic	cles of Organiza	ation, ar	nd fees are submitted to convert accordance with s. 605.1045, F.S	an "Other
Please	return all corr	espondence concernin	g this matter to):		
Richar	d Ellenbogen					
		(Contact Person)				
 250 N	Cortez Drive	(Firm/Company)				
		(Address)		_		
Marga	ite, FL 33068					
richard	ellenbogen.la@	City, State and Zip Code) w				
E-m	nail Address: (to b	e used for future annual re	port notifications)	_		
For fu	rther informati	on concerning this ma	tter, please call	:		
Richai	rd Ellenbogen		203 at (216-9)	9481	
	(Name of Conta	act Person)	(Area Cod	e) (Day	vtime Telephone Number)	
Enclos dollars	sed is a check f s and drawn on	for the following amou a bank located in the	int: (All checks United States)	process	sed by this office must be payab	e in US
(\$25 foi & \$125	0.00 Filing Fees Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	

Signed this 64 day of November	20 <i>_23</i>
Signature of Authorized Representative of Lim	. //. /
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Archurd Galler Brinted Name: Richard Ellenbogen	Title: Manager
	Titte:
Signature: White Signature:	
Printed Name: Debra Weissman	Title: Manager
Signature:	
Printed Name:	Title:
	· · · · · · · · · · · · · · · · · · ·
Signature:	T'.1
Printed Name:	I itie:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	0.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	Officer.
in Directors of Officers have not been selected, all my	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liebili	by I imited Denominable
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnersnip:
_	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager Manager	Richard Ellenbogen 250 N Cortez Drive Margate, FL 33068		
- Indireger			
Manager	Debra Weissman 250 N Cortez Drive Margate, FL 33068		
			
(Use attachment if necessary)			
(Ose attachment if necessary)			
RTICLE V: Other provisions, if any.			
ne			
REQUIRED SIGNATURE:			
	1		
Krefund The	lles		
Signature of a member or	an authorized representative of a member		
inis document is executed in accordance	e with section 605 0203 (1) (b). Florida Statutes, I am aware that		
any false information submitted in a doct as provided for in s.817.155, F.S.	ument to the Department of State constitutes a third degree felony		
us provided for in 3.6 (7.133, 1.3.			
Richard Ellenbogen			
T	yped 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)