L23000540686

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PW FT LAUDE	RDALE MOBILE LLC	 ,
Please Debit FCA	0000000003 For: 150	
Thank you Seth N	Neelcy	
Atta/		Art of Inc. File
		LTD Partnership File
ŕ		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
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		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
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,		Officer Search
1		Fictitious Search
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Signature		Vehicle Search
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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: PW FT LAUDERDALE MOBILE	LLC			
	sulting	Florida Limite	d Com	рапу)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	les of	Organizatio y Company'	n, and `in ac	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this	matter to:		
Eric P. Gros-Dubois				
(Contact Person)				
EPGD Attorneys at Law, P.A.				
(Firm/Company)				
777 SW 37th Ave, Ste 510				
(Address)				
Miami, FL 33135				
(City, State and Zip Code)				
eric@epgdlaw.com				
E-mail Address: (to be used for future annual ru	eport no	otifications)		
For further information concerning this ma	atter, p	olease call:		
Joseph Levy	at (786	837-€	3787
(Name of Contact Person)	— ((Day	time Telephone Number)
Enclosed is a check for the following amount of the delars and drawn on a bank located in the			ocess	ed 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 Filing I Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		1	New I Divisi	Address: Filing Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: PW FT LAUDERDALE MOBILE LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Pirst organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
January 13th, 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:
PW FT LAUDERDALE MOBILE LLC
(Enter Name of Florida Limited Liability Company)
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 he 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
5. 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 30th day of November	2023
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: Juan Gabriel Remolina	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Juan Gabriel Remolina	Tisto, Manager
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	_Title:
Signature:	T-1
Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	e: nited Liability Company is	s:	
PW FT LAUDERDALE			
(Must	contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address	ress: and street address of the	principal office of the Limited Liab	ility Company is:
Principal Office Ad	dress:	Mailing Address:	
234 Seaview Drive		234 Seaview Drive, Key Biscayne	33145
Key Biscayne, FL 331	49	Key Biscayne, FL 33149	
	· · · · · · · · · · · · · · · · · · ·		
The name and the Fl	npany cannot serve as its own Regitive Florida registration.) orida street address of the Parlade, Jaime	istered Agent. You must designate an individuate experience agent are:	al or another
-	Nar	me	
	EAZE Cumpat Driva, Sta 903		
<u>-</u>	5975 Sunset Drive, Ste 802 Florida street address (P.	O. Box NOT acceptable)	
ı	Miami		
-	City	FL ³³¹⁴³ Zip	
liability compa registered agent a statutes relating	ny at the place designated and agree to act in this capt to the proper and complet gations of my position as t	I to accept service of process for the a in this certificate, I hereby accept the acity. I further agree to comply with a performance of my duties, and I an egistered agent as provided for in C	e appointment as the provisions of all n familiar with and
	Registered Agent's Si	gnature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Juan Gabriel Remolina
	234 Seaview Drive
	Key Biscayne, FL 33149
	· · · · · · · · · · · · · · · · · · ·
	•
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	59A1_
	204

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Eric P. Gros-Dubois

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)