# L23000558813

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

TO: New Filing S Division of C				
SUBJECT:	145 NEWTON ST	REET REALTY, L		No.
		-		
		_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
	LEV AGRANOVICH			
	(Contact Person)			
مر	AGS TAX GROUP CO	RP		
	(Firm/Company)			
	1007 CHESTNUT ST			
	(Address)			
}	NEWTON, MA 02464			
(0	City, State and Zip Code)			
1	LEV@AGSTAX.COM			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
LEV AGRAN	NOVICH	_at ( <u>617</u> )		977-3010
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the	•	ocess	sed by this office must be payable in US
S \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Eding F and Certified Copy		□S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				Address:
New Filing Se				Filing Section
Division of C P.O. Box 632				on of Corporations Tentre of Tallahassee
Tallahassee, I				N. Monroe Street, Suite 810

Taliahassee, FL 32303

### **COVER LETTER**

TO: New Filing Division of	Section - Corre Corporations	ted filing	is a	Hached		
SUBJECT:	145 NEWTON ST (Name of Re	REET REALTY sulting Florida-Lim		npany)	_	
	es of Conversion, Artic to a "Florida Limited L	_				
Please return all con	respondence concernin	g this matter to:				
	LEV AGRANOVICH					
	(Contact Person)		_			
	AGS TAX GROUP CO	RP				
,	(Firm/Company)		_			
	1007 CHESTNUT ST					
	(Address)		_			
	NEWTON, MA 02464	<u> </u>				
	(City, State and Zip Code)		_			
	LEV@AGSTAX.COM					
E-mail Address: (to	be used for future annual re					
For further informa	tion concerning this ma	tter, please call:				
LEV AGRA	_	•		077 2010		
(Name of Con		_at ( <u>617</u> (Area Code	_ `	977-3010 rtime Telephone Number)	_	
	for the following amount a bank located in the		process	sed by this office must	be paya	able in US
S \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$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 Ad- New Filing Division of P.O. Box 63 Tallahassee,	Section Corporations 27		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303	2. 2. 810 .3	202 <b>3 N</b> U, 14 A. 12

INH\$11 (7/17)

# 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.

Statutes.	la
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  145 NEWTON STREET REALTY, LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a FOREIGN LIMITED LIABILITY COMPANY  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et	 ic.)
First organized, formed or incorporated under the laws ofMA	
(Enter state, or if a non-U.S. entity, the name of the country)	
on 11/21/2013 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	:
145 NEWTON STREET REALTY, 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 afte the date this document is filed by the Florida Department of State.)	r
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.	
<ol> <li>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.</li> </ol>	)
202 <b>3</b> NO	

Signed this 31ST day of OCTOBER	20_23
Signature of Authorized Representative of L	imited Liability Company:
Signature of Authorized Representative:  Printed Name: MICHAEL VASERMAN	Title: PRESIDENT
Signature(s) on behalf of Other Business Entit	v: [See below for required signature(s)]
Signature: MICHAEL TVASERMA	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an If Florida General Partnership or Limited Lial Signature of one General Partner.	or Officer. I Incorporator must sign.
If Florida Limited Partnership or Limited Lial Signatures of <u>ALL</u> General Partners.	bility 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 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compan	y is:		
145 NEWTON STRE	EET REALTY	, LLC	
(Must contain the words "Limited Li	iability Company,	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal of	fice of the Limit	ted Liability Company is:
Principal Office Address:	<u>Mailin</u>	g Address:	
270 BABCOCK ST APT 15G BOSTON, MA 02215	270	BABCOCK ST BOSTON, MA	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)	ered Office, o	& Registered Ap	gent's Signature: n individual or another
The name and the Florida street address of t	the registered	agent are:	
REGISTERE	EL AGENTS !	INC	
N	lame	· · · · · · · · · · · · · · · · · · ·	
7901 4TH ST	I N STE 300		
Florida street address (	P.O. Box NO	T acceptable)	
ST PETERSBURG	G FL	33702	
City		Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and compleacept the obligations of my position as	ed in this certi pacity. I furtl lete performan	ficate, I hereby a ner agree to comp ce of my duties, a	ccept the appointment as ply with the provisions of all and I am familiar with and
1)a/lá	1 X-Boerts		: 52
Registered Agent's		QUIRED)	2029 NU 7 1 4
(CON)	ΓINUED)		

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	MICHAEL VASERMAN		
	270 BABCOCK STREET APT 15G BOSTON, MA 02215		
(Use attachment if necessary)			
LE V: Other provisions, if any.			
	Δ		
REQUIRED SIGNATURE:	ins		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am award ment to the Department of State constitutes a third degree f		

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)