

# L240000009167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



300420816843

TALLAHASSEE, FLORIDA

2024 APR -9 AM 10: 01

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TALLAHASSEE, FLORIDA

2024 APR -9 AM 10: 35

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2024

SUNSHINE STATE

SUBJECT: MREF II, LLC  
Ref. Number: L24000009167

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for MREF II, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Must list the State of the Other Business Entity.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 824A00007736

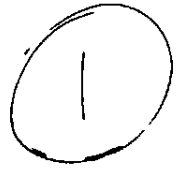
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2024 APR 11 AM 10:47

SECRETARY OF  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724



DATE 04/09/2024

**\*\*WALK IN\*\***

ENTITY NAME MREF II, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: I20160000072

*E R J*

Please call Tina at the above number for any issues or concerns. Thank you so much!

FILED

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

2024 APR -9 AM 10: 01

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

MREF II, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

MREF II, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a Limited Liability Company  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware  
(Enter state, or if a non-U.S. entity, the name of the country)

The formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**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.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":


a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 114 ALHAMBRA CIRCLE, SUITE 300, CORAL GABLES, FL 33134

Mailing Address: 114 ALHAMBRA CIRCLE, SUITE 300, CORAL GABLES, FL 33134

7. 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 08 day of April, 2024

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: Ariana Turoski Title: Special Manager

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

FILED  
2024 APR -9 AM 10:01  
TALLAHASSEE, FLORIDA