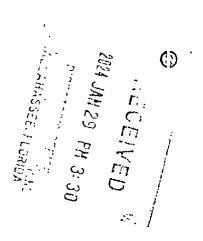
# [2400006530S

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

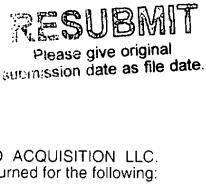




900422520579



7.7





January 31, 2024

CSC

SUBJECT: SEI HYPOLUXO ACQUISITION LLC

Ref. Number: W24000016107

We have received your document for SEI HYPOLUXO ACQUISITION LLC. However, the document has not been filed and is being returned for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any further questions concerning your document, please call (850) 245-6052

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 024A00002095

www.sunbiz.org

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 296292 4816118
AUTHORIZATION Line Belleman
COST LIMIT : \$-150.0
ORDER DATE : January 29, 2024
ORDER TIME : 1:28 PM
ORDER NO. : 296292-035
CUSTOMER NO: 4816118
DOMESTIC AMENDMENT FILING
NAME: SEI HYPOLUXO ACQUISITION CORPORATION
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER'S INITIALS:

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
•	
SUBJECT: SEI Hypoluxo Acquisition LLC (Name of Re	sulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other iability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
(Contact Person)	
(Firm/Company)	
(Address)	<u> </u>
(City, State and Zip Code)	
E-mail Address: (to be used for future annual re	eport notifications)
For further information concerning this ma	itter, please call:
	_at ()
(Name of Contact Person)	at () (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoudollars and drawn on a bank located in the	int: (All checks processed by this office must be payable in US United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassa, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

# 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SEI Hypoluxo Acquisition Corporation
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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)
March 30, 1994 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SEI Hypoluxo Acquisition 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.

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir	ie: mited Liability Compar	ıy is:	
SEI Hypoluxo Acquis	ition LLC		
(Mus	t contain the words "Limited I	iability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Ado	łrocc:		
		he principal office of the Limited Liability	Company i
		,	
Principal Office Ac	ddress:	Mailing Address:	
701 Western Avenue		701 Western Avenue	
Glendale, CA 91201		Glendale, CA 91201	_ _ _
ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own tive Florida registration.)	tered Office, & Registered Agent's Signa Registered Agent. You must designate an individual or a	
ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own tive Florida registration.)	tered Office, & Registered Agent's Signs	
ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own tive Florida registration.)	tered Office, & Registered Agent's Signa Registered Agent. You must designate an individual or a the registered agent are:	
ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own trive Florida registration.)  lorida street address of Corporation Service Con	tered Office, & Registered Agent's Signa Registered Agent. You must designate an individual or a the registered agent are:	
Glendale, CA 91201  ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own trive Florida registration.)  lorida street address of Corporation Service Con	tered Office, & Registered Agent's Signa Registered Agent. You must designate an individual or a the registered agent are:	
Glendale, CA 91201  ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own crive Florida registration.)  lorida street address of Corporation Service Con  1201 Hays Street	tered Office, & Registered Agent's Signa Registered Agent. You must designate an individual or a the registered agent are:	
ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own crive Florida registration.)  lorida street address of Corporation Service Con  1201 Hays Street	tered Office, & Registered Agent's Signa Registered Agent. You must designate an individual or a the registered agent are: npany Name	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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	
AMBR	Public Storage Operating Company
	701 Western Avenue
	Glendale, CA 91201
	<del></del>
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
·-··	
DECLIDED SIGNATURE.	
REQUIRED SIGNATURE:	
Y primar	
D487D30C56A246A	· · · · · · · · · · · · · · · · · · ·

Signature of a member or an authorized representative of a member

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.

Nathaniel A. Vitan, Secretary of the sole member

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)