L14000190634

(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:
Special instructions to 1 imig officer.





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2024 APR 23 AM 9: 47

RECEIVED



WZ4000064831

Sunshine State Corporate Compliance Company

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

DATE 04/23/2024	_	~ ₩	ALK IN
ENTITY NAME First S	Street Apartments, LLC		
DOCUMENT NUMBER	\		
	PLEASE FILE THE ATTACHED AND RETURN		
	Plain Copy		
XXXXXXXXX	Certified Copy Certificate of Status		
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	TALLATIAS	2017 200 - 1
	APOSTILLE' / NOTARIAL CERTIFICATION	OF STATE SEE, FL	
COUNTRY OF DESTINA NUMBER OF CERTIFIC			
TOTAL OWED \$180	ACCOUNT #: 1201600	ACCOUNT #: 120160000072	
Please call Tina at	the above number for any issues or concerns. Thank		/

4

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 (First Street Apartments, LLC	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a limited liability company	
(Enter entity type. Example: corporation, limited partnership, general partnership, common la	tw or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the nar	ne of the country)
July 17, 2018 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	5 0
Centre Place First Street, LLC	202 T. T.
(Enter Name of Florida Limited Liability Company)	2024 APR
4. If not effective on the date of filing, enter the effective date:	N
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 countries 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 with the statutory of the	SC P
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.	9: 47 STATE

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.

Signed this day of		
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Printed Name: Jay Krigsman	Title: Manager	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Printed Name: Jay Keigsman	Title: Manager	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	•
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:	ACT
All others: Signature of an authorized person.		HASSE HASSE
Fees:		STATE, FL
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	m z

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Centre Place First Street, LLC		
	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company i	s:
Principal Office Address:	Mailing Address:	
1909 N. Haverhill Road, #1	1909 N. Haverhill Road, #1	
West Palm Beach, FL 33417	West Palm Beach, FL 33417	
	the registered agent are:	
business entity with an active Florida registration.) The name and the Florida street address of Jay Krigsman	the registered agent are:	
The name and the Florida street address of Jay Krigsman	k'ame	
The name and the Florida street address of Jay Krigsman N 1909 N. Haverhill Road, 4	k'ame	
The name and the Florida street address of Jay Krigsman N 1909 N. Haverhill Road, 4	Same #1 (P.O. Box <u>NOT</u> acceptable) F1. 33417	
The name and the Florida street address of Jay Krigsman 1909 N. Haverhill Road, if Florida street address if	Vame #1 (P.O. Box <u>NOT</u> acceptable)	

Registered Agent's Signature (REQUIRED)

(3)

(CONTINUED)

Jay Krigsman, Manager

Title:	Name and Address:	
"AMBR" = Authorized Member	Jay Krigsman	
"MGR" = Manager MGR	1909 N. Haverhill Road, #1	
MGR	West Palm Beach, FL 33417	
	West Faut Beach, CC 30417	
		
(Use attachment if necessary)		
CLERCOL CO.		
CLE V: Other provisions, if any.		
	(**	(0)
	>	2014 APR
REQUIRED SIGNATURE:	i i	20
	1	23
	J Park	ယ
	SO E	
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 talse information submitted in a docur as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree-felor	

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)