# L24000247834

(R	equestor's Name)
(A	ddress)
(Ā	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(Di	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	04112/24
	Office Use Only



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02/07/24--01016--028 \*\*185.00

7011 APR 12 AM 10: 06
SEURETARY OF STATE
ALLAHASSEE, FLORID.

W24000035797

T.J.Haliby



March 4, 2024

CARA EISENBERG, ESQ 509 SOUTH BEVERLY DRIVE BEVERLY HILLS, CA 90212 US

SUBJECT: ROBBEN PROPERTIES, LLC

Ref. Number: W24000035797

We have received your document for ROBBEN PROPERTIES, LLC and check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 724A00004716

Tabitha J Howell Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

TO:	New Filing S Division of C				
SUR.	JECT: Robben	Properties, LLC			
<b>ЭОВ</b>	JEC1.	(Name of Res	ulting Florida Lim	ited Com	pany)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concerning	g this matter to:		
CAR	A EISENBERG, E	ESQ.			
		(Contact Person)		_	
EISE	NBERG LAW FIF	RM			
		(Firm/Company)		_	
509 \$	SOUTH BEVERL	Y DRIVE			
		(Address)		_	
BEVI	ERLY HILLS, CA	90212			
<del></del>	((	City, State and Zip Code)		-	
CLE	@EISENBERGLA	WFIRM.COM			
E-	mail Address: (to b	e used for future annual re	port notifications)	_	
For f	urther informati	on concerning this ma	tter, please call:		
CAR	A EISENBERG		_at ( 310	774-	1063
	(Name of Conta	act Person)	(Area Code	) (Day	time Telephone Number)
		for the following amou a bank located in the	-	process	ed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	□\$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 Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 27		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

### **Articles of Conversion**

For

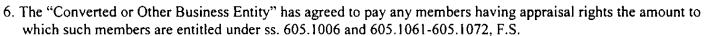
## "Other Business Entity"

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.

1. The name of the "Other Business ROBBEN PROPERTIES, INC.	Entity" immediately	prior to the filing of the Articles of Conversion is:
•	Name of Other Business	• •
2. The "Other Business Entity" is a	CORPORATION	P970000 19902
(Enter entity type. Example:	corporation, limited part	nership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ted under the laws of (E	FLORIDA  nter state, or if a non-U.S. entity, the name of the country)
on MARCH 4, 1997  (date of organization, formation or inco		
3. The name of the Florida Limited ROBBEN PROPERTIES, LLC	Liability Company as	s set forth in the attached Articles of Organization:
(Enter Name o	f Florida Limited Liabilit	y Company)
the date this document is filed by	the Florida Department meet the applicable so to of State's records.	or filed date nor more than 90 calendar days after nent of State.) statutory filing requirements, this date will not be listed as the





	And the second second	
Signed this 5TH day of February	2024	
Signature of Authorized Representativ	ve of Limited Liability Company:	
Signature of Authorized Representative: Printed Name: ELAINE EISENBERG	Title: MANAGING MEMBER	
	s Entity: [See below for required signature(s)]	-
Signature:  Printed Name: CABA FISENBERG	Title: VP, SECRETARY/ OFFICER	_
		_
Printed Name:	Title:	- -
Signature:Printed Name:	Title:	<u>.</u> -
Signature:	Title:	-
Printed Name:	Title:	- -
Signature:Printed Name:	Title:	- -
If Florida Corporation: Signature of Chairman, Vice Chairman, D If Directors or Officers have not been select	irector, or Officer.	
If Florida General Partnership or Limit Signature of one General Partner.	red Liability Partnership:	2024 AI SEGRE ALLAH
If Florida Limited Partnership or Limit Signatures of ALL General Partners.	ed Liability Limited Partnership:	FILED APR 12 AN 10: 08 RETARY OF STATE WHASSEE, FLORID
All others: Signature of an authorized person.		NIO: OF

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Company is:				
ROBBEN PROPER (Mu	TIES, LLC st contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")			
ARTICLE II - Ad The mailing addres		ncipal office of the Limited Lia	ıbility C	omp	any is:
Principal Office A	ddress:	Mailing Address:			
(The Limited Liability Co	FL 33472 egistered Agent, Registered	EISENBERG LAW FIRM 509 SOUTH BEVERLY DRIVE BEVERLY HILLS CA 90212  Office, & Registered Agent's red Agent. You must designate an individual of the second se			
The name and the l	Florida street address of the re	gistered agent are:	SE	2024	
	LISA KOVALSKY, ESQ.		≱??	2000	
	Name		RETARY AHASSE	2024 APR 12	FILED
	13520 SW 110TH TERRACE		100		m
	Florida street address (P.O.	Box NOT acceptable)	E. FLORID	AM 10: 06	D
	MIAMI	FL 33186	ATE BID	<b>.</b> 06	
	City	Zip			
77					

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.

Less Krowlsky 4-10-24 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	CARA EISENBERG
MGR	509 SOUTH BEVERLY DRIVE
	BEVERLY HILLS CA 90212
	BEVERLY HILLS CA 90212
AMBR	ELAINE EISENBERG
	8855 INDIAN RIVER RUN
	BOYNTON BEACH FL 33472
<u></u>	
(Use attachment if necessary)  LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
- 1 (/ / )	<u>it</u> 14
	4-6-24
This document is executed in accordance	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree for

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)