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(Requestor's Name)
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PICK-UP WAIT MAIL
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DATE:

07/17/2024

NAME:

1164 SOUTH ORANGE AVENUE LLC

TYPE OF FILING: CONVERSION

COST: 180.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filin	ng Section of Corporations					
	1164 SOUTH OR	PAJEE AVELUE	110			
SUBJECT:		esulting Florida Limited (
The enclosed Art. Business Entity"	icles of Conversion, Arti into a "Florida Limited I	cles of Organization, Liability Company" in	and fees are submitted a accordance with s. 605	to convert 5.1045, F.	an "Oi S.	ther
Please return all c	correspondence concerni	ng this matter to:				
-	TONATHAN BANDER					
	(Contact Person)	···			207	
	EXPERITY CPA			F.:	2024 JUL ! I	-
	(Firm/Company)	·		<u> </u>	F	£**1
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	(City, State and Zip Code)			一点	47	
JON	E EXPERITY CPALL	2				
	to be used for future annual re					
For further inform	ation concerning this ma	atter please call-				
			100 1110 -			
JONATHA	N BANDER Ontact Person)	_at (<u>696</u>) 9	83-4417			
(Name of Co	ontact Person)	(Area Code) (D	aytime Telephone Number)			
Enclosed is a chec dollars and drawn	k for the following amore on a bank located in the	unt: (All checks proce United States)	essed by this office must	t be payab	ole in U	ſS
☐ \$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	es \$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 Ad New Filing Division of P.O. Box 6	g Section f Corporations	New Divi	et Address: / Filing Section sion of Corporations Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Ar 1164 SOUTH ORANGE AVENUE LLC	rticles of Co	nversio	on is:
(Enter Name of Other Business Entity)	 .	124	
2. The "Other Business Entity" is a LLC			
(Enter entity type. Example: corporation, limited partnership, general partnership, con			
First organized, formed or incorporated under the laws of	10°	M	
(Enter state, or if a non-U.S. entity,	, the name of t	he coun	iry)
11/7/2016	二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二	בֿן	
on (date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached A	Articles of C)rgani:	zation:
1164 SOUTH ORANGE AVENUE 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 that 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 document's effective date on the Department of State's records.		•	
5. The plan of conversion has been approved in accordance with all applicable statute	ēs.		

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 JULY	20 24		
Signature of Authorized Representative of Lim	ited Liability Company:		
Signature of Authorized Representative: Xa-Printed Name: KAREN BERGER	en and Berger Title: MANAGING MEMBER		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Karenam Bergan			
Printed Name: KAREN BERGER	Title: MANAGING MEMBER	-	
Signature: Ed Bece es Printed Name: ERIK BERGER			
Printed Name ERIK BERGER	Title: MANAGING MEMBER	<u> </u>	
Signature			
Signature: Printed Name:	Titler		
		-	
Signature:		(202
Signature: Printed Name:	Title:		
			R.33
Signature: Printed Name:	Title	-::: :::	_ ;
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Signature: Printed Name:		_ 1 `c ₂ _ = 1 d	ي بي
Printed Name:	_ Trile:		<u>, 1</u>
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partmership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
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 - Name:

The name of the Limited Liability Company is:

(Mus	GE AVENUE LLC st contain the words "Limited Li	ability Company,	"L.L.C.," or "LLC	2.")	
ARTICLE II - Add	dress:		•		
The mailing address	s and street address of th	e principal of	fice of the Lin	nited Liability Compa	any is
Principal Office Address:		Mailing	Address:		
18117 Biscayne Blvd	Suite #4099	18117 B	iscayne Blvd S	Suite #4099	
Miami, FL 33160		#4099 18117 Biscayne Blvd Suite #4099 Miami, FL 33160		207	
ARTICLE III - Re	wistered Agent Registe	ared Office &	2 Dogistanod	A 2011	
(The Limited Liability Cor business entity with an ac	gistered Agent, Register appany cannot serve as its own Retive Florida registration.) lorida street address of the Paracorp Incorporated	Registered Agent. Y	You must designat	Agent's Signature: e an individual or another	, ,
(The Limited Liability Cor business entity with an ac	mpany cannot serve as its own Retive Florida registration.) lorida street address of t Paracorp Incorporated	Registered Agent. Y	You must designat	e an individual or another	1 2
(The Limited Liability Cor business entity with an ac	mpany cannot serve as its own Retive Florida registration.) lorida street address of t Paracorp Incorporated	he registered a	You must designat	e an individual or another	, ,
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(The Limited Liability Cor business entity with an ac	mpany cannot serve as its own Retive Florida registration.) lorida street address of t Paracorp Incorporated N 155 Office Plaza Drive, 1st	he registered a ame	You must designat	e an individual or another	9

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..

See Attached	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

MGR KAREN BERGER 18117 Biscayne Blvd Suite #4099 Mami, FL 33160 ERIK BERGER 18117 Biscayne Blvd Suite #4099 Marri, FL 33160 Use attachment if necessary) LE V: Other provisions, if any.	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR ERIK BERGER 18117 Biscayne Blvd Suite #4099 Mami, FL 33160 Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Xaccordance with section 605.0205(1) (b). Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree fel as provided for in a.817.155, F.S.		KAREN RERGER
Mami, FL 33160 ERIK BERGER 18117. Biscayne Blvd Suite #4099 Mami, FL 33160. Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Xaccordance with section 605.0205 (1) (b). Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree fel as provided for in a 217.155, F.S.		
18117 Biscayne Blvd Suite #4099 Miami, FL 33160 Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 false information submitted in a document to the Department of State constitutes a third degree felt as provided for in s.817.155, F.S.		
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KAREN BERGER	Signature of a member or	Beyin an authorized representative of a member
Typed or printed name of signee	Signature of a member or This document is executed in accordance any false information submitted in a document	With section 605 0203 (1) (b) Elevista Statement Companyon

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 7/10/2024

ENTITY NAME: 1164 SOUTH ORANGE AVENUE LLC

TITIO

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated