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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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24 YEX 13 AM 5: 00

THE POSTATE AND STATE OF STATE

COVER LETTER

TO:	New Filing S Division of C				
SUBJ	FCT, AQUARI	UM INVESTMENT, LLC	;		
0 (17)			sulting Florida Li	nited Cor	nipany)
					nd fees are submitted to convert an "Othe accordance with s. 605,1045, F.S.
Please	return all corr	espondence concernin	g this matter to):	
JERR	Y P. SARESKY				
		(Contact Person)		_	
DORG	T & BENSIMON	I, PL			
		(Firm/Company)			
20295	NE 29TH PL ST	TE 201			
		(Address)		_	
AVEN	TURA, FL 33180)			
	((City, State and Zip Code)	<u> </u>		
JSAR	ESKY@DOROT	BENSIMON.COM			
E-n	nail Address: (to b	e used for future annual re	port notifications		
For fu	rther informati	on concerning this ma	tter, please cal	:	
JERR	Y P. SARESKY		at (305	921-	9421 ytime Telephone Number)
	(Name of Conta	ct Person)	(Area Coo	le) (Day	ytime Telephone Number)
Encio: dollar:	sed is a check f s and drawn on	or the following amou a bank located in the	int: (All checks United States)	proces	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

INHS11 (7/17)

Articles of Conversion

"Other Business Entity"

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 Entity" immediately prior to the filing of the Articles of Conversion is: AQUARIUM INVESTMENT, CORP.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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]
(Enter state, or if a non-U.S. entity, the name of the country)
04/20/2005 on
tdate of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: AQUARIUM INVESTMENT, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 01/01/2025
(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 Duringer Entity" has agreed to nay any members beging anomical right at

- 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 5TH day of DECEMBER	20 <u>24</u>
Signature of Authorized Representative of Lim	ited Lighility Company:
Signature of Authorized Representative: Printed Name: MARIO ROSSI	1/82
Signature of Authorized Representative:	THE PRESIDENTIDIRECTOR
Trimed Name; WARIO ROSSI	Trate: PRESIDENT/DIRECTOR
Signature(s) on behalf of Other/Hasiness Entity:	[See below for required signature(s)]
Signature: 44	
Signature: Printed Name: MARIO ROSSI	Title: PRESIDENT/DIRECTOR
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
· ·	
Signature:	(m) 1
Signature: Printed Name:	Title:
Signature:Printed Name:	Title
rimed ivaine.	True.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
,	
<u>If Florida General Partnership or Limited Liabili</u>	tv Partnership:
Signature of one General Partner.	
lf Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
	\$30.00 (Optional)
Certified Copy:	\$5.00 (Optional)
Certificate of Status:	wo.oo (Optionar)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	141111111111111111111111111111111111111		
	Limited Liability Compan	y is:	
AQUARIUM INVE			
(;	Must contain the words "United L	iability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - A	Address:		
The mailing addi	ess and street address of the	he principal office of the Limited Liability Compa	any is:
Principal Office	Address:	Mailing Address:	
11541 NW 86TH S	STREET	11541 NW 86TH STREET	
DORAL, FL 33178	3	DORAL, FL 33178	
The name and th	e Florida street address of BW&T BUSINESS ADVI	SERS, INC	
	ſ	Vame	
	2750 SW 145th AVENUE		
		(P.O. Box <u>NOT</u> acceptable)	
		(P.O. Box <u>NOT</u> acceptable)	
	Florida street address		

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

0 () () () () () () ()	
"AMBR" = Authorized Member "MGR" = Manager	
MGR	STAR HOME, LLC
WO CONTROL OF THE PROPERTY OF	11541 NW 86TH STREET
	DORAL, FL 33178
	DOTAL, 1 E 33170
· · · ·	
<u> </u>	
What are the second	
(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	1 <i>N</i> ₂
LE V: Other provisions, if any.	IBO
•	W
REQUIRED SIGNATURE:	M.
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	ce with section 605,0203 (1) (b). Florida Statutes, I am aw
.E V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aw cument to the Department of State constitutes a third degree
Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S.	ce with section 605,0203 (1) (b). Florida Statutes, I am aw
REQUIRED SIGNATURE: Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S. MARIO ROSSI	ce with section 605,0203 (1) (b). Florida Statutes, I am aw

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)