Lz=000213229

Htt. 26

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	—
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
WZ50000 37138	
6461	
	_

Office Use Only



000443245150

03/10/25--01010--017 77155 00

25 MAR 10 AM 4: 09

SHGLAND AND AND AND A DATE OF THE CONTRACT OF

10 N



March 19, 2025

JENNIFER VOLLONO 5970 DUDLEY COURT ARVADA, CO 80004 US

SUBJECT: 120 SE 5TH AVE, LLC Ref. Number: W25000037138

We have received your document for 120 SE 5TH AVE, LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Matthew H Hitchcock Regulatory Specialist II

www.sunbiz.org

Letter Number: 125A00005907

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 120 SE 5th Ave, LLC	
	Resulting Florida Limited Company)
The enclosed Articles of Conversion A	rticles of Organization, and fees are submitted to convert an "Other I Liability Company" in accordance with s. 605.1045, F.S.
Jennifer Vollono	
(Contact Person)	
(Firm/Company)	
5970 Dudley Court Arvada (Address)	
Arvada, CO 80004	
(City. State and Zip Code jvollono@firststonedev.com	
E-mail Address: (to be used for future annual)	report notifications)
For further information concerning this m	
Jennifer Vollono	
(Name of Contact Person)	at (516) 4585694 (Area Code) (Daytime Telephone Number)
	unt: (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) \$\begin{array}{c} \S155.00 \text{ Filing Fees} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	□\$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 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 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

120 SE 5th Ave, LLC	s Entity" immediately prior to the filing of the Articles of Conversion is:
(Ente	r Name of Other Business Entity)
2. The "Other Business Entity" is a	limited partnership
Center entity type. Example:	corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporate	ted under the laws of _
1/7/25 on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incor	poration)
	Liability Company as set forth in the attached Articles of Organization:
(Enter Name of	Florida Limited Liability Company)
4. If not effective on the date of filing (The effective date: Cannot be prior the date this document is filed by th Note: If the date inserted in this block does not document's effective date on the Department of	. A . 1

- 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.

Signed this 27th day of February	20
C.	2025
Signature of Authorized Representative of	Limited Linking
Signature	Emitted Liability Company:
Signature of Authorized Representative: Printed Name: Leonard Taub	77,
Printed Name: Leonard Taub	
	Title, Madading Momba-
Signature(s) on behalf of Other Business Ent	
Sustiness Ent	ity: See below for required signature(s)!
Signature:	
Printed Name: Leonard Taub Signature:	
2	Title: Managina Memb
Signature:	0.1.3
Signature: Printed Name:	
	Title:
Signature.	
Signature: Printed Name: Signature:	
	Title:
Signature ·	
Printed Name:	
Signature:	Title
Signature:	
Printed Name:	
Signature:Printed Name:	Title
Signature: Printed Name:	
Printed Name:	Tiele
If Florida C	Title;
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been sales.	- OF
if Directors or Officers have not been selected and	or Officer.
If Directors or Officers have not been selected, an I	ncorporator must sign.
II Florida General Partneys	
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:
11 Florida Limited Partnership or Limited Links	ta pro
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:
	-
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	
Fees for Florida Amista and	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00
- ····································	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	To topuonal)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		ITY COMPANY
The name of the Limited Liability Compar	ny is:	
120 SE 5th Ave, LLC		
	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	, and the control of	
The mailing address and street address of the		
The mailing address and street address of the	ne principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	, , ,
5970 Dudley Court	Maning Address:	
Arvada, CO 80004	same as principal	
		
ARTICLE III - Registered Agent, Registe The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Registered Agents Inc	good roo must designate an individu	ral or another
	ıme	
	inc	
7901 4th St N STE 300		
	.O. Box NOT acceptable)	
ST Petersburg	FL 33702	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and regard	Zip to accept service of process for the accept the in this certificate, I hereby accept the icity. I further agree to comply with the	appointment as he provisions of all
Having been named as registered agent and liability company at the place devices at the	Zip to accept service of process for the all in this certificate, I hereby accept the acity. I further agree to comply with the performance of my duties, and I am pegistered agent as provided for in Charles.	appointment as he provisions of all familiar with and apter 605, F.S.
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	Zip to accept service of process for the all in this certificate, I hereby accept the acity. I further agree to comply with the performance of my duties, and I am pegistered agent as provided for in Charles.	appointment as he provisions of all familiar with and apter 605, F.S.
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	Zip to accept service of process for the actinithis certificate, I hereby accept the activ. I further agree to comply with the performance of my duties, and I am pegistered agent as provided for in Change (REQUIRED)	appointment as he provisions of all

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	
MGR	Leonard Taub
	5970 Dudley Court
	Arvada, CO 80004
MGR	Susan Taub
	5970 Dudley Court
	Arvada, CO 80004
	
(Use attachment if necessary)	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	e with section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware tha iment to the Department of State constitutes a third degree felon

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)