(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
?(B∪	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Charter Section Division of C			
SUBJECT: SOLE	•		
SUBJECT:		g Florida Profit Cor	poration
			ration, and fees are submitted to orporation" in accordance with s
Please return all corre	espondence concerning	g this matter to:	
Merylin Gon:	zalez		
	Contact Person		
Worldwide C	orporate Adm	inistrators	
	Firm/Company		
2330 Ponce	de Leon Blv	d Ste 201	
	Address		•
Coral Gables	s FL 33134		
C	ity, State and Zip Code		-
E-mail address: (to	be used for future annual r	eport notification)	-
For further information	on concerning this ma	tter, please call:	
Merylin Gon	zalez	_{at (} 305	,444-8800
Name of Con	tact Person		d Daytime Telephone Number
Enclosed is a check f	or the following amou	int:	
■ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop	
STREET ADDRES New Filings Section Division of Corporat	_	New Fi	ING ADDRESS: illings Section on of Corporations

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certification of Conversion is:	ate	
SOLE 601, LLC - LD800055296		
Enter Name of Other Business Entity		
2. The "Other Business Entity" is a limited liability company		
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)		
_m 06/04/2008	ZŠ.	3
Enter date "Other Business Entity" was first organized, formed or incorporated	SUN AN	l'Sign
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:	27 AM 9:	
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>	30	150 150 170 170
SOLE 601, Corp.		
Enter Name of Florida Profit Corporation		
5. If not effective on the date of filing, enter the effective date:	ı	
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is list therein.)		

## AUG 27	
AH 9: 30	

Signed this 19th day of August	. 20 <u>4 ⁴1.</u>		
Required Signature for Florida Profit Corporation:			
Signature of Chairman, Vice Chairman, Directors Officer, or, if Directors or Officers have not been selected, an Incorporator: Printed Name: FRED A HOCHSTRASSER Title: Director			
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]			
Signature: Printed Name: FRED A HOCHSTRASSER	Title: MGR		
Signature: Printed Name: LUDANG A-BOCHSTRASSER			
, , 1	Title: MGR		
Signature: Printed Name, LUIS A HOCHSTRASSER	Title: MGR		
Signature: Printed Name:			
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title:		
11 Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
H Florida Limited Partnership or Limited Liability Limited Partnership; Signatures of ALL General Partners.			
If Florida Limited Liability Company: Signature of a Member of Authorized Representative.			
All others: Signature of an authorized person.			

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE The principa	II PRINCIPAL OFFICE al place of business/mailing address is:		
	Principal street address	Mailing address, if different is:	
17315 Collins Ave Apt. 601 Sunny Isles Beach, FL 33160		1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179	
ARTICLE The number	SIV SHARES 1,000		-
ARTICLE			
1		ECTORS	
	FRED A HOCHSTRASSER/ Director	Name and Title:	<u>}</u>
Name and	FRED A HOCHSTRASSER/ Director	Name and Title:	
Name and	Title: FRED A HOCHSTRASSER/ Director	Name and Title:	
Name and '	Title: FRED A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 LUDWIG A HOCHSTRASSER/ Director	Name and Title:	
Name and 'Address: Name and '	Title: FRED A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 LUDWIG A HOCHSTRASSER/ Director	Name and Title: Address: Name and Title:	
Name and 'Address: Name and '	Title: FRED A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 Title: LUDWIG A HOCHSTRASSER/ Director	Name and Title:	
Name and 'Address: Name and 'Address:	Title: FRED A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 LUDWIG A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 LUIS A HOCHSTRASSER/ Director	Name and Title: Address: Name and Title: Address:	
Name and 'Address: Name and 'Address: Name and '	Title: FRED A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 LUDWIG A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 LUIS A HOCHSTRASSER/ Director	Name and Title: Address: Name and Title: Address: Name and Title:	
Name and 'Address: Name and 'Address:	Title: FRED A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 LUDWIG A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 Title: LUIS A HOCHSTRASSER/ Director	Name and Title: Address: Name and Title: Address:	
Name and 'Address: Name and 'Address: Name and 'Address:	Title: FRED A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 Title: 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 Title: LUIS A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 N MIAMI BEACH, FL 33179 REGISTERED AGENT	Name and Title: Address: Name and Title: Address: Name and Title: Address:	
Name and 'Address: Name and 'Address: Name and 'Address:	Title: FRED A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 LUDWIG A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 LUIS A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 N MIAMI BEACH, FL 33179 CVI REGISTERED AGENT and Florida street address (P.O. Box NOT acces	Name and Title: Address: Name and Title: Address: Name and Title: Address: Paper and Title: Address:	
Name and 'Address: Name and 'Address: Name and 'Address:	Title: FRED A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 Title: 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 Title: LUIS A HOCHSTRASSER/ Director 1835 NE MIAMI GARDENS DR APT 504 N MIAMI BEACH, FL 33179 N MIAMI BEACH, FL 33179 REGISTERED AGENT	Name and Title: Address: Name and Title: Address: Name and Title: Address: Paper and Title: Address:	

AKTICLE		
The <u>name</u>	and address of the Incorporator is:	
Name:	Worldwide Corporate Administrator / しして	
Address:	2330 Ponce de Leon Blvd Ste 201	
	Coral Gables FL 33134	
******	·····	****
	ren named as registered agent to accept service of process for the I in this certificate, I am familiar with and accept the appointment as	
	Consorate Adjustrators	08/22/2014
	Required Signature Registered Agent	Date
	this document analygifirm that the facts stated herein are true. I	
submitted	in a decument to the Department of State constitutes a third degree fe	lony as provided for in s.817.155, F.S.
	My Wollwill Admistrators	08/22/2014
	Required Signature/Incorporator	Date

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