(Requestor's Name)	
(Address)	
(Address)	800296248408
(City/State/Zip/Phone #)	
	03/24/1701021007 **105.00
(Business Entity Name)	
(Document Number)	
fied Copies Certificates of Status	17 17
ecial Instructions to Filing Officer:	
	PLORIDA
	REALES

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#### **COVER LETTER**

# TO: Charter Section

Division of Corporations

SUBJECT: \_\_\_\_\_

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Jonathan P. Kross, Esq.

**Contact Person** 

Phoenix Organization

Firm/Company

, 941 Clint Moore Road, Suite A

Address

Boca Raton, Florida 3347-2802

City, State and Zip Code

glenn@phoneixorganization.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Kross

Name of Contact Person

at (<u>561</u>)<u>988-2036 x203</u>

son Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

🛢 \$105.00 Filing Fees	<b>\$113.75</b> Filing Fees	<b>\$113.75</b> Filing Fees	□\$122.50 Filing Fees,
	and Certificate of	and Certified Copy	Certified Copy, and
	Status		Certificate of Status

## STREET ADDRESS:

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

### **MAILING ADDRESS:**

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 Certificate of Conversion is:

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DAVIE REALTY ACQUISITION, LLC U7-55356			
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			
(Enter state, or if a non-U.S. entity, the name of the country)			
March 9 /2017			
Enter date "Other Business Entity" was first organized, formed or incorporate	:d		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:	/s of w	vhich i	t is now
N/A			
<ol> <li>The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> DAVIE REALTY ACQUISITION, INC.</li> </ol>		MAR 24	Mange d ng 2
Enter Name of Florida Profit Corporation	- 'C.	n K	<u>َ</u>
5. If not effective on the date of filing, enter the effective date: March 24, 2017	ORIO	10: 26	<sup>م</sup> يور <sup>ور</sup>

(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 listed therein.)

**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.

Page 1 of 2

Signed thisday of	, 20 <sup>_17</sup>	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Offic Incorporator:		been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signatu	rc(s).]
Signature:		
Glenn Levins Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	17 H
If Florida General Partnership or Limited Liability Signature of one General Partner.	<u>Partnership:</u>	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	AGIND STATE
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
<b>Fees:</b> Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	
	Page 2 of 2	

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

The name of the corporation shall be:\_\_\_\_\_\_ ARTICLE I NAME

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address 941 CLINT MOORE ROAD

Mailing address, if different is:

SUITE A

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BOCA RATON, FLORIDA 3487-2802

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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<u> </u>

## ARTICLE IV SHARES

100 The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Ti	Glenn Levins, President tle:	Name and Title:	_
Address:	941 Clint Moore Road, Suite A	Address:	
	Boca Raton, FL 33487-2802		_
Name and Ti	tle:	Name and Title:	
Address:		Address:	
Name and Ti Address:	tle:		_

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## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jonathan P. Kross, Esq Name: 941 Clint Moore Road, Suite A Address: Boca Raton, FL 33487-2802

#### ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Name:	Glenn Levins	
Address:	941 Clint Moore Road, Suite A	
	Boca Raton, FL 33487-2802	

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

March 23, 2017 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

March 23, 2017

