## P17000047666

(Re	equestor's Name)	,
(Ad	dress)	-
(Ad	dress) .	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
•		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. BURCH JUN 1 2017



TO:	Charter Section Division of Co					
SUBJ	SECT. 3FM PROP	ERTIES LLC				
SUBJ	ECT:	Name of	Resulting Florida	Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert a	an "Other Business
Please	return all corresp	ondence concerning thi	s matter to:			
JAłMI	E H. ARBELAEZ					
		Contact Person		-		
3FM F	PROPERTIES LLC					
		Firm/Company				
16919	N. BAY ROAD, S	TE 215				
		Address				
SUUN	IY ISLES BEACH,	FL. 33172				
		City, State and Zip Cod	e			
	•	o be used for future annu	•	tion)		
		H. ARBELAEZ	•	、1	90-89ig	
	Name of Co	ontact Person	Area Co	/	Daytime Telephone Numbe	r
Enclos	sed is a check for	the following amount:				
<b>□ \$</b> 10	5.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing and Certified Co		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Division Cliftor	ET ADDRESS: Cilings Section on of Corporation on Building Executive Center		] ] ]	New F Divisio P. O. E	ING ADDRESS: ilings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2017

JAIME H. ARBELAEZ 16919 N BAY ROAD STE 215 SUNNY ISLES BEACH, FL 33172

SUBJECT: 3FM PROPERTIES LLC Ref. Number: W17000041988

We have received your document for 3FM PROPERTIES LLC and your check(s) totaling \$192.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tim Burch Regulatory Specialist III

Letter Number: 017A00009862

## 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 Conver-	sion is	i <b>:</b>
3 FM PROPERTIES LLC		
Enter Name of Other Business Entity	17	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  (Enter entity type. Example: limited liability company, limited partnership,	MAY 31	
(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)	A	FILED
(Enter state, or if a non-U.S. entity, the name of the country)  MAY 4, 2017 on	5† 5	
<ol> <li>If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of organized, formed or incorporated:</li> <li>N/A</li> </ol>	which	it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> 3FM PROPERTIES CORP		
Enter Name of Florida Profit Corporation		
5. If not effective on the date of filing, enter the effective date:		
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is fil	ad by	the Blowid.

Signed	this 15	day of	May	<u></u>		, 20_17_	·	
	red Signature i		1	oration:				
Incorp	ure of Chairma orator: I Name: JAME					or Officers h	ave not been	n selected, an
	red Signature(					=	_	).]
Signati	ure:	1						
Printed	l Name: JAIME	H ARBELA	EZ	Ti	tle: MANAG	ER		
- Signati	ure:							
Printed	l Name:			Ti	tle:			
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Printed	l Name:			Ti	tle:			
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Printed	l Name:			Ti	tle:			
	rida General Paure of one Gene		or Limited L	iability Part	nership:			
	ida Limited Paures of ALL Ge			iability Lim	ted Partners	ship:		
	ida Limited Li ure of a Membe			ntative.				
All oth Signati	ners: ure of an author	ized person						
Fees:	Certificate of Certified Copy	da Articles o y:		on: \$7	5.00 0.00 75 (Optional 75 (Optional			

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

name of the corpor			
19 N. BAY ROAD	Principal street address	SAME	Mailing address, if different is:
NNY ISLES BEAC		<u> </u>	·····
	<del></del>		
TICLE III PURP purpose for which	the corporation is organized is:	FULL BUSINESS	, PRINCIPALLY INVESTMENT
REAL ESTATE			
			A
TICLE IV SHAF			
TICLE IV SHAR number of shares o			
number of shares o	f stock is:		
number of shares o	f stock is:  AL OFFICERS AND/OR DIRECTORS  LAIME H. ARRELAEZ PRESIDENT		
number of shares o  TICLE V INITI  Name and Tit	f stock is:  AL OFFICERS AND/OR DIRECTORS  LAIME H. ARRELAEZ PRESIDENT	Name and Title	»
number of shares o	f stock is:  AL OFFICERS AND/OR DIRECTORS  Ie:  JAIME H. ARBELAEZ, PRESIDENT		):
number of shares o  TICLE V INITI  Name and Tit	f stock is:  AL OFFICERS AND/OR DIRECTORS  JAIME H. ARBELAEZ, PRESIDENT  16919 N. BAY ROAD STE 215	Name and Title	
number of shares o  TICLE V INITI  Name and Tit	f stock is:  AL OFFICERS AND/OR DIRECTORS  JAIME H. ARBELAEZ, PRESIDENT  16919 N. BAY ROAD STE 215	Name and Title	
number of shares o  TICLE V INITI  Name and Tit  Address	f stock is:  AL OFFICERS AND/OR DIRECTORS  JAIME H. ARBELAEZ, PRESIDENT  16919 N. BAY ROAD STE 215	Name and Title Address:	
number of shares o  TICLE V INITI  Name and Tit  Address	f stock is:  AL OFFICERS AND/OR DIRECTORS  JAIME H. ARBELAEZ, PRESIDENT  16919 N. BAY ROAD STE 215  SUNNY ISLES BEACH, FL 33160	Name and Title Address: Name and Title	
number of shares of the Name and Tite Address  Name and Title	AL OFFICERS AND/OR DIRECTORS  JAIME H. ARBELAEZ, PRESIDENT  16919 N. BAY ROAD STE 215  SUNNY ISLES BEACH, FL 33160	Name and Title Address: Name and Title	
number of shares of the Name and Tite Address  Name and Title	AL OFFICERS AND/OR DIRECTORS  JAIME H. ARBELAEZ, PRESIDENT  16919 N. BAY ROAD STE 215  SUNNY ISLES BEACH, FL 33160	Name and Title Address: Name and Title	
number of shares of the Name and Tite Address  Name and Title	AL OFFICERS AND/OR DIRECTORS  JAIME H. ARBELAEZ, PRESIDENT  16919 N. BAY ROAD STE 215  SUNNY ISLES BEACH, FL 33160	Name and Title Address: Name and Title	
number of shares of TICLE V INITIAL Name and Title Address  Name and Title Address	AL OFFICERS AND/OR DIRECTORS  JAIME H. ARBELAEZ, PRESIDENT  16919 N. BAY ROAD STE 215  SUNNY ISLES BEACH, FL 33160	Name and Title Address: Name and Title Address:	):
number of shares of TICLE V INITIAL Name and Title Address  Name and Title Address	f stock is:  AL OFFICERS AND/OR DIRECTORS  JAIME H. ARBELAEZ, PRESIDENT  16919 N. BAY ROAD STE 215  SUNNY ISLES BEACH, FL 33160	Name and Title Address: Name and Title Address: Name and Title	):

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	) of the registered agent is:	
Name:	CABANAS & ASSOCIATES, PA		
Address:	10520 N.W. 26 STREET, STE C-201		
	DORAL, FL. 33172		
-			
ARTICLE VII	INCORPORATOR	FILED MAY 31 AM ME FARY OF STAMASSEE, FE	
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	JAIME ARBELAEZ		
Address:	16919 N. BAY ROAD, STE 215		
	SUNNY ISLES BEACH, FL. 33160		
		_	
ARTICLE VIII	EFFECTIVE DATE: 5/4/17 other than the date of filing:	(OPTIONAL)	
(If an effective d		. (OPTIONAL) inot be more than five days prior or 90 days after the	
filing.)			
	inserted in this block does not meet the applicab ffective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as ls.	
Having been nan this certificate, I d	ned as registered agent to accept service of proc am familiar with apd accept the appointment as	ess for the above stated corporation at the place designated i registered agent and agree to act in this capacity	n
	Most alam	5-15-17	
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S.	a
		E-15-10	ノチ
Requi	red Signature/Incorporator	Date	• /

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