

P17000060372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

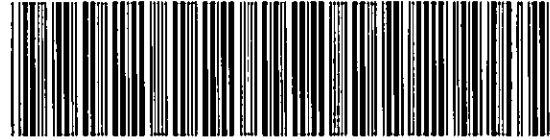
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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700300340307

06/16/17--01017--025 \*\*80.00

07/14/17--01002--004 \*\*89.75

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17 JUL 14 AM 9:56

T. BURCH  
JUL 17 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2017

JEROME L. SCHWART  
BERT & ASSOCIATES  
6610 N UNIVERSITY DRIVE, SUITE 250  
TAMARAC, FL 33321

SUBJECT: YACHT CLUB AT AVENTURA SLIP 1 LLC  
Ref. Number: L17000104512

We have received your document for YACHT CLUB AT AVENTURA SLIP 1 LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CAN NOT CHANGE NAME FROM LLC TO INC. MUST FILE A CONVERSION DOCUMENT (ENCLOSED)

There is a balance due of \$83.75.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 017A00012399

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** YACHT CLUB AT AVENTURA SLIP 1 LLC  
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:

JEROME L SCHWARTZ  
Contact Person

BERT & ASSOCIATES  
Firm/Company

6610 N UNIVERSITY DRIVE STE 250  
Address

TAMARAC FL 33321  
City, State and Zip Code

JERRY@BERTTAX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEROME L SCHWARTZ at ( 954 ) 580-0880  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and 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 **and attached Articles of Incorporation** 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:  
YACHT CLUB AT AVENTURA SLIP 1 LLC

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)

on 05/10/2017  
Enter date "Other Business Entity" was first organized, formed or incorporated

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:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

YACHT CLUB AT AVENTURA SLIP 1 INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 005/10/2017

(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; **AND 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.

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Signed this 27 day of JUNE, 2017.

**Required Signature for Florida Profit Corporation:**


Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: \_\_\_\_\_

Printed Name: MARCIE GERSHONI Title: MGM

**Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature:  \_\_\_\_\_

Printed Name: MARCIE GERSHONI Title: MGM

Signature:  \_\_\_\_\_

Printed Name: DANIEL GERSHONI Title: MGM

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

- Certificate of Conversion: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

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

**ARTICLE I NAME**

The name of the corporation shall be: YACHT CLUB AT AVENTURA SLIP 1 INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address  
871 REFLECTION LANE  
WESTON FL 33327  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARICE GERSHONI PRESIDENT  
Address: 871 REFLECTION LANE  
WESTON FL 33327  
\_\_\_\_\_

Name and Title: DANIEL GERHONI VP  
Address: 871 REFLECTION LANE  
WESTON FL 33327  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: JEROME L SCHWARTZ  
Address: 6610 N UNIVERSITY DRIVE STE 250  
TAMARAC FL 33321

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

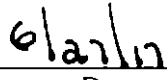
Name: MARCIE GERSHONI  
Address: 871 REFLECTION LANE  
WESTON FL 33327

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17 JUL 14 AM 9:56  
A. ANDERSON, CLERK

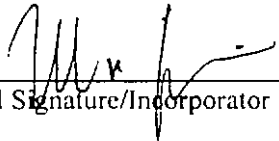
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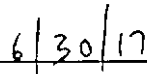
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

  
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

  
Date