9800034310

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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APR 1 6 2018 T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

904 To Club LLC			
	 ·		
	·		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
		_	Certificate of Fictitious Name
		_	Corp Record Search
		_	Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: Seth		_	UCC 1 or 3 File
Name	Date Tir		UCC 11 Search
			UCC 11 Retrieval
Walk-In	. Will Pick Up		Courier

COVER LETTER

TO:	Charter Section Division of Corporations				
SHRI	JECT: 904 TO Club LLC				
5000	Name	of Resulting Flori	ida Profit	Corporation	
The e Entity	enclosed Certificate of Conversion, Articy" into a "Florida Profit Corporation" in	les of Incorporati	ion, and fe s. 607.11	es are submitted to convert an "(Other Business
Please	e return all correspondence concerning t	his matter to:			
Mimi	Bared				
	Contact Person				
Bared	d and Assoc., PA				
	Firm/Company		_		
201 A	Alhambra Circle, Suite 601				
	Address				
Coral	I Gables, FL. 33134				
	City, State and Zip C	ode			
mimi	@baredlaw.com				
	E-mail address: (to be used for future a	nnual report notif	ication)		
For f	urther information concerning this matte				
Mimi	i Bared	at (666-6	010	
	Name of Contact Person	Area	Code and	l Daytime Telephone Number	
Enclo	osed is a check for the following amoun	t:			
□ \$1	105.00 Filing Fees #\$113.75 Filing Fe and Certificate of Status	es 🗀\$113.75 Fi and Certified		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clift	EET ADDRESS: Filings Section sion of Corporations on Building Executive Center Circle		New F Divisi P. O. I	ING ADDRESS: Cilings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

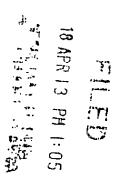
Certificate of Conversion For "Other Business Entity"

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 Conv	version is:
904 TO Club LLC	L15000044903.
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a <u>limited (i2Dility Company</u> (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 <u>Florida</u> (Enter state, or if a non-U.S. entity, the name of the country)	
on March 2, 2015	
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 organized, formed or incorporated:	of which it is now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:	
904 TO Club Corp.	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: April 9, 2018 (The effective date: Cannot be prior to nor more than 90 days after the date this document is fil Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records.	•

Page 1 of 2



Signed this 9 day of Abri	<u>l, 20_18</u>	
Required Signature for Florida Profit Corp		
Signature of Chairman, Vice Chairman, Directing Incorporator:	tor, Officer, or, if Directors or Officers have not b	een selected, an
Incorporator: Printed Name: Pablo R Bared, Esq. Titl	e: <u>Incorporator</u>	
Required Signature(s) on behalf of Other B	Susiness Entity: [See below for required signatur	e(s).]
Signature:		
Printed Name: Andre El Mann	Title: <u>Director</u>	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		_ _
Printed Name:	Title:	 _
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	18 AP
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	R IS P
If Florida Limited Liability Company: Signature of a Member or Authorized Represe	ntative.	1 1:05
All others: Signature of an authorized person.		ŕ
Fees:	tor oo	
Certificate of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00	
Certified Copy: Certificate of Status:	\$8.75 (Optional) \$8.75 (Optional)	

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

ARTICLE II PRINCIPAL OFFICE Principal street address 201 Alhambra Circle Suite 601 Coral Gables, FL 33134 ARTICLE III PURPOSE The purpose for which the corporation is organized is: for any and all business ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS Name and Title: Andre El Mann Diversion Address: 201 Alhambra Circle, Suite 601 Address: 201 Alhambra Circle, Suite 601 Address: Address: Address: Address: Address: Name and Title: Name and Title: Address: Address: Address: Address: Name and Title: Name and Title: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Barde Associates, P.A. Address: 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Pablo Bared Address: 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Pablo Bared Address: 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134		AME pration shall be: 904 TO Club Corp.			
Coral Gables, FL 33134 ARTICLE III PURPOSE The purpose for which the corporation is organized is: for any and all business ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Andre El Mann Direct Suite 601 Address: 201 Alhambra Circle, Suite 601 Address: Coral Gables, FL 33134 Name and Title: Name and Title: Address: Add	ARTICLE II PI	Principal street address 201 Alhambra Circle	٨	Mailing address, i	f different is:
The purpose for which the corporation is organized is: for any and all business ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Andre El Mann Director Address: 201 Alhambra Circle, Suite 601 Address: Coral Gables, FL 33134 Name and Title: Name and Title: Address: Address: Name and Title: Address: Address: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Bared & Associates, P.C. Address: Bared & Associates, P.C. Address: Address: Address: P.D. Bared & Associates, P.C. Address: Address: P.D. Bared & Associates, P.C. Address: P.D. Bared & Associates, P.C. Address: P.D. Bared & Associates, P.C. Address: P.D. Bared & Address: P.D. Albora Circle, Suite 601		Coral Gables, FL 33134			
ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Andre El Mann Diversor Address: 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134 Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P. O. Box NOT acceptable) of the registered agent is: Name: Bared & Associates, P. A. Address: 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Pablo Bared Address: 201 Alhambra Circle, Suite 601					
The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Andre El Mann Dreche/ Address: 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134 Name and Title: Name and Title: Address: Name and Title: Address: Double of the registered agent is: Address: Address: 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Pablo Bared Address: 201 Alhambra Circle, Suite 601 Coral Gables, Suite 601 Coral Gables, FL 33134	The purpose for whic	h the corporation is organized is: for any and a	II business		
Name and Title: Address: Address: 201 Alhambra Circle, Suite 601 Address:					
Address: 201 Alhambra Circle, Suite 601 Address:			Name and Title		
Address: Name and Title: Address: Name and Title: Address: Addr	Address:	201 Alhambra Circle, Suite 601	Address:	<u> </u>	
Name and Title: Address: Name: Bared & Associates, P. A. Address: 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Pablo Bared Address: 201 Alhambra Circle, Suite 601			Name and Title:_ Address:		
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Bared & Associates (P.A. Address: 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Pablo Bared Address: 201 Alhambra Circle, Suite 601	APTICI E VI DE				
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ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Pablo Bared Address: 201 Alhambra Circle, Suite 601		201 Alhambra Circle, Suite 601			調整 25 H
Name: Pablo Bared Address: 201 Alhambra Circle, Suite 601	ARTICLE VII IN	<u>CORPORATOR</u>			1979 W
Address: 201 Alhambra Circle, Suite 601					
		201 Alhambra Circle, Suite/601			型 0
Having been named as registered agent to accept pervice 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	Having been named a this certificate, I am fa	ns registered agent to accept bervice of process milliar with and accept the appointment as regis	for the above stat tered agent and ag	ed corporation a pree to act in this	the place designated in capacity
Required Signature/Regulated Agent		Required Signature/Regulered Agent	<u>_</u>		Date
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes at hird degree felowy as provided for in s.817.155, F.S.	I submit this documen document to the Depar	nt and affirm that the facts/stated herein are i	true. I am aware t as provided for in	that the false inf s.817.155, F.S.	formation submitted in a
Required Signature/Insprporator Date		Required Signature/Incorporator		_	7 18