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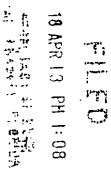
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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CAPITAL CONNECTION, INC.

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

1104 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			<u> </u>	Fictitious Owner Search
org.na.ca. o				Vehicle Search
				Driving Record
Requested by: Seth				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
INGING	Date	THUC		UCC 11 Retrieval
Walk-In Thomsaville GA 8/00	Will Pick Up			Courier

COVER LETTER

Division of Co			
SUBJECT: 1104 TO CI	ub LLC		
SOBJECT.	Name of	Resulting Florida Profit	Corporation
	e of Conversion, Article Profit Corporation" in ac		fees are submitted to convert an "Other Business 15, F.S.
Please return all corresp	oondence concerning this	s matter to:	
Mimi Bared			
	Contact Person		
Bared and Assoc., PA			
	Firm/Company		
201 Alhambra Circle, Su	ite 601		
	Address		
Coral Gables, FL. 33134			
	City, State and Zip Code	e	
mimi@baredlaw.com			
E-mail address: (t	o be used for future annu	ual report notification)	
For further information	concerning this matter,		
Mimi Bared		at (305) 666-0	
Name of Co	ontact Person	Area Code an	d 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 Corporation	ns	New I	Filings Section on of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 Con	nversion is:
1104 TO Club LLC	L15000044904.
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a <u>United Liability 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 February 6, 2015	
Enter date "Other Business Entity" was first organized, formed or incorporated	i
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws organized, formed or incorporated:	s of which it is now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation 1104 TO Club Corp.	n:
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 a Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.	is date will not be
Page 1 of 2	8 APR 13 PH 1:08

Signed this	0	day of	April		n 10			
Signed tills			\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, 2	V <u>18</u> .			
Required Sign	ature fo	r Florida	Rrofit Corbora	tion:				
Signature of Ch	nairman	Vice Chai	rman, Director,	Officer, or, if Directors or	Officers have not be	een selecte	ed, an	
Printed Name:	Pablo R	Rared, E.	sq. Title: Ir	corporator	·			
Required Sign:	ature(s)	on hettel		ness Entity: [See below for		c(s).]		
Signature:/		<u>/</u>				_		
Printed Name: 1	Moises I	El Mann		Title: <u>Director</u>		_		
Signature:						_		
Printed Name:_	 -			Title:		_		
Signature:				·				
Printed Name:_				Title:				
Signature:								
Printed Name:_		<u>-</u>		Title:				
Signature:	<u>-</u>					_		
Printed Name:_			····	Title:	···	_		
Signature:	 -			, , , , , , , , , , , , , , , , , , ,		_		
Printed Name:_				Title:				
If Florida Gene Signature of one			or Limited Liab	oility Partnership:			139	
If Florida Limi Signatures of A				ility Limited Partnership	1 :	100 mm 1	APR 13	
If Florida Limi Signature of a M				ive.			0 :1 Hd	
All others:						A TABLE TO A TABLE TABLE	8.0	

All others:
Signature of an authorized person.

Fees:

Certificate of Conversion:

\$35.00

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

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

	NAME orporation shall be: 1104 TO Club Corp.		
<u>ARTICLE II</u>	PRINCIPAL OFFICE Principal street address 201 Alhambra Circle Suite 601 Coral Gables, FL 33134		dress, if different is:
ARTICLE III The purpose for v	<u>PURPOSE</u> which the corporation is organized is: for any a	nd all business ,	
	<u>SHARES</u> ares of stock is: 100 <u>INITIAL OFFICERS AND/OR DIRECTO</u>	25	
Name and T Address:	Title: Moises El Mann Divertor 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134	Name and Title:Address;	
Name and 7 Address:	Title:	Address:	
Name and 1 Address:	Fitle:	Address:	
ARTICLE VI	REGISTERED AGENT		10
	Orida street address (P.O. Box NOT acceptable Bared & Associates P. A. 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134		PR 13
ARTICLE VII	<u>INCORPORATOR</u>		
	Adress of the Incorporator is: Pablo Bared 201 Alhambra Circle, Suite 601 Coral Gables, FL 23 34		- C8
Having been nan this certificate, I a	ned as registered agent to accept service of pro- m familiar with and accept the appointment as t	cess for the above stated corpora registered agent and agree to act	in this capacity
I submit this doc document to the L	Required Signature/Registered Agent tument and affirm that the facts stated herein a Department of State constitutes a mird degree fel	are true. I am aware that the fa lony as provided for in s.817.155	Date Date Date Date