## L230000 56028

(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:

Office Use Only



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S. CHATHAM

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ALLAHASSEE, FLOO

### CAPITAL CONNECTION, INC.

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

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JVL PROPERTY MANAGM	NET. LLC	
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	·	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Ficutious 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	<del></del>	Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH 01/26/	173	UCC 1 or 3 File
Name Date	Time	UCC 11 Search
nume Date	THIC	UCC 11 Retneval
Walk-In Will Pic	k Up	Courier

### **COVER LETTER**

TO: New Filing S Division of C				
	perty Management, LLC			
SUBJECT:	(Name of Res	ulting Florida Limit	ed Company)	
	s of Conversion, Artic a "Florida Limited Li	-		ubmitted to convert an "Othe with s. 605,1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
Kathrine Karimi				
	(Contact Person)			
EPGD Attorneys at La	w, P.A.			
<del></del>	(Firm/Company)			
777 SW 37th Ave., Su	ite 510			
	(Address)			
Miami, FL 33135				
	City, State and Zip Code)	···		
Kathrine@epgdlaw.co				
	oe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Kathrine Karimi		_at ( <sup>786</sup>	)837-6787	
(Name of Cont.	act Person)		(Daytime Telepho	one Number)
	for the following amou a bank located in the		rocessed by this	office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		Filing Fees, Copy, and of Status
Mailing Add New Filing S Division of C	ection		Street Address: New Filing Sect Division of Con	
P.O. Box 632	•		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

Tallahassee, FL 32314

# 123 FEB -6 MILL 4

### Articles of Conversion For "Other Business Entity" Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
JVL Property Management, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited liability company
(Enter entity type. Example: corporation, 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)
September 16, 2020 on
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  JVL Property Management, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)  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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of February	20_ <u>23</u>
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative: Printed Name: Kathrine Karimi, Esq.	Title: Authorized Representative
Signature(s) on behalf of Other Business Ent	ity: [See below for required signature(s)]
Signature: Kathmir-Kamir	
Printed Name: Kathrine Karimi, Esq.	Title: Authorized Representative
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director of Directors or Officers have not been selected,	· ·
If Florida General Partnership or Limited L. Signature of one General Partner.	iability Partnership:
If Florida Limited Partnership or Limited L. Signatures of ALL General Partners.	iability Limited Partnership:
All others: Signature of an authorized person	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fccs:

Articles of Conversion:

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Name: ne Limited Liability	Company is:			
JVL Property Ma	anagement, LLC				
	(Must contain the words	"Limited Liability Company, "L	L.C.," or "LLC.")		
ARTICLE II	- Address:				
		dress of the principal offi	ce of the Limited	Liability Company is:	
Principal Offi	ce Address:	<u>Mailing</u>	Address:		
8800 NW 36th 9	St.	8800 NW	8800 NW 36th St. Unit 4348		
Unit 4348		Unit 4348			
Doral, Florida, 3	33178	Doral, Flo	rida, 33178		
	EPGD Attorney	Name			
	Florida street	address (P.O. Box NOT	acceptable)		
	Miami	FL 331	35		
		City	Zip		
liability o registered as statutes rei	company at the place gent and agree to acc lating to the proper of the obligations of my p	ed agent and to accept sere designated in this certific t in this capacity. I further and complete performance position as registered agent Agent's Signature (REC	cate, I hereby acce er agree to comply e of my duties, and ent as provided for	ept the appointment as with the provisions of ald I am familiar with and in Chapter 605, F.S	
		(CONTINUED)		<b>26</b>	

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	John-Vincent Louis 8800 NW 36th St., Unit 4348 Doral, Florida, 33178
<del></del>	
-	
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	mustanii
——————————————————————————————————————	TIVE VALUES

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kathrine Karimi, Esq., Authorized Representative

Typed or printed name of signce

### Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

