L14 060 190365

(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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TO ACKNOWLEDGE STANDARD TO ACKNOWLEDGE STANDARD STANDARD

REPARTHENT OF STATE
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DEC 15 2014

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December 12, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

WIG 13 125 2 HO 175 W 17

Re:

Order #: 9374886 SO

Customer Reference 1: 095762-11 Customer Reference 2: 095762-11

Dear Department of State, Florida:

Please obtain the following:

Sumpar Corp. (FL)
Conversion / Formation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

Division of C							
SUBJECT: Sumpar L	LC						
	(Name	of Resu	lting Florida	Limited	d Company)		
					d fees are submitted to conv coordance with s. 605.1045,		r
Please return all corre	espondence concerning	g this	matter to:			e ed Table gleg g militarin gnille g ig	2614
Andrea Duncliffe						% + 1,1,1 <u>-2,1</u> 1 1 1 1 '4 + 2,14	開
	(Contact Person)			•		همتر ید به ایکار در ا	2
McDermott Will & Emer	ry LLP					7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	(Firm/Company)			•		12 T	-24
340 Madison Avenue							いね
	(Address)			•		1. 7° 1	29
New York, NY 10173							
((City, State and Zip Code)			-			
aduncliffe@mwe.com							
E-mail Address: (to b	e used for future annual re	port no	tifications)	•			
For further information	on concerning this ma	tter, p	lease call:				
Andrea Duncliffe		_at (_	212	547-5	3317		
(Name of Conta	ct Person)	(_	(Area Code)	(Day	rtime Telephone Number)		
Enclosed is a check f	or the following amou	int:					
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status		80.00 Filing Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS	S:		MAIL	ING A	ADDRESS:		
Registration Section					Section		
Division of Corporat	ions				Corporations		
Clifton Building	C'1-		P. O. B				
2661 Executive Cent Tallahassee, FL 323			i allaha	issee,	FL 32314		

INHS11 (02/14)

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

2814 DEG 12 ITT ST 42

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity) Q(1 - 99679
2.	The "Other Business Entity" is a corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	st organized, formed or incorporated under the laws of Florida
	November 16, 2011 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
···	(date of organization, formation or incorporation)
	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	(Enter Name of Florida Limited Liability Company)
(Th	if not effective on the date of filing, enter the effective date: the effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the this document is filed by the Florida Department of State; AND 2) must be the same as the effective this listed in the attached Articles of Organization, if an effective date is listed therein.)
5. T	The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

	2614 DEC 12
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Signed this A to day of A to the to	20
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Marceja Sevilla Sacasa	Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature:	
Printed Name: Marcela Sevilla Sacasa	Title: Authorized Representative
1	
Signature: Printed Name:	Tisla.
FILMED MAINS:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	_ Title:
Signature:Printed Name:	Title
- 111100 (VIIII)	_ 1100.
Signature:	
Printed Name:	Title:
If Florida Corporation:	o.c.
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	ty Partnershin
Signature of one General Partner.	A L M. M. C. SHINI
If Florida Limited Partnership or Limited Liabilit	v Limited Partnership:
Signatures of ALL General Partners.	_ ·
A 19	
All others: Signature of an authorized person.	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	
Certified Copy:	\$30.00 (Optional)
Certificate of Status	\$5.00 (Ontional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		1 m
The name of the Limited Liabili	y Company is:	Sign that the same of the same
Sumpar LLC		
(Must end with the w	rds "Limited Liability Company, "L L.C ," or "LLC.")	- 122 N
ARTICLE II - Address:		
	idress of the principal office of the Limited Lin	ability Company is:
Principal Office Address:	Mailing Address:	<i>`</i> 21.
1111 Deletell Assesses College	200 4444 Deletrall Avenue Costs	- 4000
TITI Dricken Avenue, Suite	300 TETT Brickell Avenue, Suit	(8 1300
1111 Brickell Avenue, Suite Miami, FL 33131	300 1111 Brickell Avenue, Suit Miami, FL 33131	
Miami, FL 33131		
Miami, FL 33131 ARTICLE III - Registered Ag (The Limited Liability Company cannot se	Miami, FL 33131 nt, Registered Office, & Registered Agent's ve as its own Registered Agent You must designate an indivi-	Signature:
ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida regi	mt, Registered Office, & Registered Agent's ve as its own Registered Agent You must designate an individual interaction.)	Signature:
ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida regi	Miami, FL 33131 nt, Registered Office, & Registered Agent's ve as its own Registered Agent You must designate an indivi-	Signature:
ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida regis The name and the Florida street	Miami, FL 33131 nt, Registered Office, & Registered Agent's ve as its own Registered Agent You must designate an individuation.) iddress of the registered agent are:	Signature:
ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida regi	Miami, FL 33131 nt, Registered Office, & Registered Agent's ve as its own Registered Agent You must designate an individuation.) iddress of the registered agent are:	Signature:
Miami, FL 33131 ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida regis The name and the Florida street Judith Keni	Miami, FL 33131 nt, Registered Office, & Registered Agent's ve as its own Registered Agent You must designate an individuation.) address of the registered agent are: ey, Esq.	Signature:
Miami, FL 33131 ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida regis The name and the Florida street Judith Keni 2001 Bisca	Miami, FL 33131 nt, Registered Office, & Registered Agent's we as its own Registered Agent You must designate an individuation.) address of the registered agent are: ey, Esq. Name	Signature:
Miami, FL 33131 ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida regis The name and the Florida street Judith Keni 2001 Bisca	Miami, FL 33131 nt, Registered Office, & Registered Agent's ve as its own Registered Agent You must designate an individuation.) address of the registered agent are: ey, Esq. Name /ne Boulevard, Suite 2620 at address (P.O. Box NOT acceptable)	Signature:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (R

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Tiger Hill (US) Holdings LLC 1111 Brickell Avenue, Suite 1300 Miami, FL 33131	
(Use attachment if necessary)		
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any.	date of filing: (0) be specific and cannot be more than five	OPTIONAL) business days
CDD VI. Other provisions, it ally.		

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.)

Marcela Sevilla Sacasa, as President of Tiger Hill (US) Holdings, LLC, the sole member Typed or printed name of signee

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)

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