

L17000 202893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

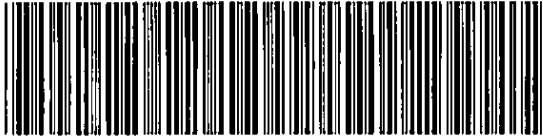
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200303638142

10/02/17--01006--008 \*\*155.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 OCT -2 PM 3:18

M. MOON  
OCT 02 2017

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 OCT -2 PM 3:19

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	<u>DIEGANAK INVESTMENTS Corp</u>	
	(Corporation Name)	(Document #)
2.		
	(Corporation Name)	(Document #)
3.		
	(Corporation Name)	(Document #)
4.		
	(Corporation Name)	(Document #)
5.		
	(Corporation Name)	(Document #)
6.		
	(Corporation Name)	(Document #)
7.		
	(Corporation Name)	(Document #)

Walk in

Mail out

Pick up time 2.00

Will wait

Photocopy

Certified copy

Certificate of Status

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

17 OCT - 2 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:  
DIEGANAK INVESTMENTS CORP

(Enter Name of Other Business Entity)

(P16000060521)

2. The "Other Business Entity" is a CORPORATION

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of THE STATE OF FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on 07/19/2016

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

DIEGANAK INVESTMENTS LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: UPON FILING

**(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 25TH day of SEPTEMBER 20 17

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: X [Signature]  
Printed Name: ANTONIO GARCIA Title: MGR

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

Signature: X [Signature]  
Printed Name: ANTONIO GARCIA Title: P

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, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**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.

**All others:**

Signature of an authorized person.

**Fees:**

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

FILED  
STATE  
17 OCT - 2 PM 3:19

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DIEGANAK INVESTMENTS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

2121 PONCE DE LEON BLVD.

2121 PONCE DE LEON BLVD

SUITE 1050

SUITE 1050

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CONSULTING SERVICES OF SOUTH FLORIDA, INC

Name

2121 PONCE DE LEON BLVD, SUITE 1050

Florida street address (P.O. Box **NOT** acceptable)

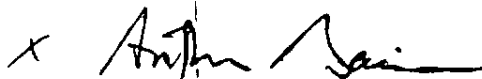
CORAL GABLES

FL 33134

City

Zip

*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..*

*x* 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 OCT -2 PM 3:19  
STATE  
FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

**Name and Address:**

Consulting Services of South Florida, Inc

2121 Ponce de Leon Blvd. Suite 1050

Coral Gables, FL 33134

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

17 OCT -2 PM 3:19

FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V: Other provisions, if any.**

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

X *Antonio Garcia*

**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.

ANTONIO GARCIA

Typed or printed name of signee

**Filing Fee for Articles of Organization and Designation of Registered Agent  
Certified Copy**