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SECTION OF STATE

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/2/2021

NAME: FOOD AMERICA CORPORATION

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION:

ABBIE/PA

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 FOOD AMERICA CORPORATION	the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a corporation limited partnership.	10600068622
(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	DA e, or if a non-U.S. entity, the name of the country)
on O1/15/2021 (date of organization, formation or incorporation)	•
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set for	th in the attached Articles of Organization:
FOOD AMERICA LLC	
(Enter Name of Florida Limited Liability Compa	any)
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 the date this document is filed by the Florida Department of Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	l date nor more than 90 calendar days after State.)
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 28 day of June	20_2
Signature of Authorized Representative of Lim	Ited Liability Company:
Signature of Authorized Representative:	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: CHRISTIAN CASAS CASANOVA	Title: DIRECTOR
Signature:	•
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	7 1.1
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FOOD AMERICA LL	.c		
(Mu	st contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		ne principal office of the Limited Li	ability Company is:
Principal Office A	ddress:	Mailing Address:	
601 BRICKELL KEY	DRIVE	601 BRICKELL KEY DRIVE	
•			
STE 700 - #0717		STE 700 - #0717	
STE 700 - #0717 MIAMI, FL 33131 ARTICLE III - Ro (The Limited Liability Co	egistered Agent, Registo	MIAMI, FL 33131 ered Office, & Registered Agent'	s Signature:
MIAMI, FL 33131 ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.)	MIAMI, FL 33131 ered Office, & Registered Agent's Registered Agent, You must designate an indiv	idual or another
MIAMI, FL 33131 ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t	MIAMI, FL 33131 ered Office, & Registered Agent? Registered Agent. You must designate an indiv	idual or another
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MIAMI, FL 33131 ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of the REGISTERED CORPORATION NOT SERVICE TO S	MIAMI, FL 33131 ered Office, & Registered Agent? Registered Agent. You must designate an indiv the registered agent are: ATE SERVICES LLC ame STE 1205	idual or another
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MIAMI, FL 33131 ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of the REGISTERED CORPORATION NOT SERVICE TO S	MIAMI, FL 33131 ered Office, & Registered Agent? Registered Agent. You must designate an indiv the registered agent are: ATE SERVICES LLC ame STE 1205	idual or another SEOKETARI SES FALL AND SES

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 (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR - Manager	ALTAIR BUSINESS HOLDINGS LLC
	901 BRICKELL KEY DRIVE APT 204
	MIAMI, FL 33131
<u></u>	
	
<i>~</i> .	
(Use attachment if necessary)	
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LE V: Other provisions, if any. REOUIRED SIGNATURE:	W. J. aures
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REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc	
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member
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REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. PABLO S. QUESADA	r an authorized representative of a member

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

ARTICLE IV-

Company: