# L21000375262

<u></u>
(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.

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SECRETARY OF STATE
TALLAHASSEE, FL

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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/20/2021		de l	WALK IN
ENTITY NAME_Alecar,	LC		
OOCUMENT NUMBER_			
	**PLEASE FILE THE ATTACHED ;	AND RETURN**	
	Plain Copy		
XXXXX	Certified Copy		
<del></del>	Certificate of Status		
****	LEASE OBTAIN THE FOLLOWING FOR	THE ABOVE ENTITY**	
<del>.</del>	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CER	PTIFICATION**	
COUNTRY OF DESTINATION	DN		
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$180.00	AC	COUNT #: I20160000072	···
		SRIM	
DA ATT. L.	above number for any issues or		

#### **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: Alecar, Inc.	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a corporation V5638 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust,	etc.)
First organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)	ĺ
on August 3, 1992 (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	n:
Alecar, 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 aft 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 of which such members are applied under so, 605 1006 and 605 1061, 605 1072, E.S.	0

PILED

RECRETARY OF STATE
TAIL ALL YOF STATE

Signature of Authorized Representative of Lin	· · · · · · · · · · · · · · · · · · ·
Signature of Authorized Representative:	_ ) and telemina
Printed Name: Esther Maria Isabel Alviarez Hurta	
Signature(s) on behalf of Other Business Entity:	[See below for required signature)
Signature: Jack Dune Esther Maria Isabel Alviarez Hurta	~ ^~
Printed Name: Esther Maria Isabel Alviarez Hurta	do Title: Director
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:	
Signature: Printed Name;	
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or	Title: r Officer.
Signature:  Printed Name;  If Florida Corporation;  Signature of Chairman, Vice Chairman, Director, or	Title: r Officer.
Signature: Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Title:  r Officer. ncorporator must sign.
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Title:  r Officer. ncorporator must sign.
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Title:  r Officer. ncorporator must sign.
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner. If Florida Limited Partnership or Limited Liabil	Title:  r Officer. ncorporator must sign. lity Partnership:
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner. If Florida Limited Partnership or Limited Liabil	Title:  r Officer. ncorporator must sign. lity Partnership:
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Interpretation of Chairman or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Title:  r Officer. ncorporator must sign. lity Partnership:
Signature:  Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others:	Title:  r Officer. ncorporator must sign. lity Partnership:
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others:  Signature of an authorized person.	Title:  r Officer. ncorporator must sign. lity Partnership:
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Interpretation of Limited Liability Signature of one General Partnership or Limited Liability Signatures of ALL General Partners.  All others:  Signature of an authorized person.	Title:  r Officer. ncorporator must sign. lity Partnership:
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, on If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partnership or Limited Liabil Signatures of ALL General Partners.  All others: Signature of an authorized person.	Title:  r Officer. ncorporator must sign.  lity Partnership;  lity Limited Partnership;
Signature: Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion:	Title:  r Officer. ncorporator must sign.  lity Partnership:  lity Limited Partnership:
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabil Signature of one General Partner.  If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  All others: Signature of an authorized person.	Title:  r Officer. ncorporator must sign.  lity Partnership;  lity Limited Partnership;

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Alecar, 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:	Malling Address:
150 Alhambra Circle, Suite 715 Coral Gables, Florida 33134	150 Alhambra Circle, Suite 715 Coral Gables, Florida 33134
	<del> </del>
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own	tered Office, & Registered Agent's Signature:
the Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of <u>Corporate Creation</u>	tered Office, & Registered Agent's Signature:
business entity with an active Florida registration.)  The name and the Florida street address of  Corporate Creation	tered Office, & Registered Agent's Signature:
the Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of <u>Corporate Creation</u> 801 US Highway	tered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another AUC 20  the registered agent are:  ASSOCRATION OF STANDARD STANDA
the Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of <u>Corporate Creation</u> 801 US Highway	tered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another AGE AGE AGE AGENT AGE AGENT A

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..

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Esther Maria Isabel Alviarez Hurtado c/o 150 Alhambra Circle, Suite 715 Coral Gables, Florida 33134
(Use attachment if necessary)	
LE V: Other provisions, if any.	

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.

Esther Maria Isabel Alviarez Hurtado

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)