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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	Filing Officer:	

Office Use Only



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### 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: 11/17/21

NAME: OPUS ORBIS LLC

TYPE OF FILING: CONVERSION

COST: 150,00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO: New Filing Se	ction		
Division of Co	prporations		
SUBJECT: Opus Ort	<b>buc</b>		
		dting Florida Limi	ated Company)
Business Entity" into	a "Florida Limited Li	shility Company	ation, and fees are submitted to convert an "Od ay" in accordance with a. 605.1045, F.S.
Please return all com	espondence concerning	this matter to:	:
Klimbarly Fisher			
·	(Contact Person)		<del>_</del>
Detaware Corporate S	envices inc.		
	(Firm/Company)		_
919 N Market Street, S	Ste 725		
	(Address)		<del>-</del>
Wilmington, DE 19801			
	City, State and Zip Code)		<del>_</del>
des@lawdeb.com			•
E-coail Address: (to l	os cescó for future excess) co	port notifications)	<del>,</del>
For further informati	ion concerning this ma	tter, please cail:	Ŀ
Kimberly Fisher		at ( <sup>302</sup>	\482-4290
(Name of Cook	act Person)		de) (Daytime Telephone Number)
Enclosed is a check dollars and drawn or	for the following amou a bank located in the	mt: (All checks   United States)	s processed by this office must be payable in U
\$150.00 Filing Feats (\$25 for Conversion & \$125 for Articles of Organization)	Cl\$155.00 Filing Fees and Certificate of Status	CIS180.00 Filing and Certified Co	
Mailing Add	Press:		Street Address:
New Filing S			New Filing Section
Division of (	•		Division of Corporations
P.O. Box 632 Tailahasaee	<del>- •</del>		The Centre of Tallahassee
s entermance,	FL 34314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DEIS11 (7/17)

#### 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: Opus Orbis 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)
05/14/2019 · · ·
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Opus Orbis LLC
(Enter Name of Florida Limited Limited Limited)
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 filling 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.
<ol> <li>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.</li> </ol>

FILEU BIZI NOV 17 PM 2: 31 SECRETARSEE, FLORIDA SECRETARSEE, FLORIDA

Signature of Authorized Representative:  Printed Name:  Kutosino Zichy  Signature(a) on behalf of Other Business Entity:  Signature:  Printed Name:  Printed Name:  Printed Name:  Signature:  Printed Name:  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 Lightlity Partnership:  Signatures of ALL General Partners.  All others:  Signature of an authorized person.	Signed this 29 day of October	20 21
Signature: ALTANBUS Title: AMON Signature: Printed Name: ALTANBUS Title: AMON 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: Signatures of one General Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others:	Signature of Authorized Representative of Limit	ed Liability Company;
Signature: My Author Fittle: Art on  Signature: Printed Name: Title:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others:	Signature of Authorized Representative: Printed Name: Kutosino Zichy	Tille: Marriger
Signature: Printed Name: 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 Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others:		- · ·
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Printed Name:	Printed Name: ALLTANRIA ZICHY	Tifle: AMUN
Signature: Printed Name:  Signature: Printed Name:  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 Partnership ar Limited Liability Limited Partnership: Signatures of ALL Oeneral Partners.	Signature:	
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Signatures of ALL General Partners.  All others:		Partnershin:
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
• .	All others: Signature of an authorized person.	·
Foca:	Fees:	
Articles of Conversion: \$25.00		525.00
Fees for Florida Articles of Organization: \$125.00		
Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)		

	ame:				
De name of the	Limited Liabi	lity Company is:			
Ontis LLC	Mint contain the w	rorde "Limbad Liebille	y Company, "L.L.C.," or "	uch	<del>_</del>
			,,		
RTICLE II - A be mailing addr		address of the pr	incipal office of the	Limited Liability	Conipany is:
rincipal Office	<u> </u>		Malling Address	<b>.</b> .	
77 Brickell Ave.,	Suite 1210	_	777 Brickell Ave., S	ide 1210	
iami, FL 33131			Miemi, FL 33131		<b>-</b>
the name and the	e Plorida stree	-	egistered agent tre:		
		Name	<del></del>	<del>.</del>	
	The State of the Market	ida - Marie - desire			
		Ave Sulte 1210	Box NOT scoeptab	ale)	::
	Minmi		FL 38131	,	
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Having been m	amed as regist	City tered agens and so	Zip accept service of pri	ocess for the above	s stated limited
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FILED

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	·
"MGR" = Manager	
AMBR	Alejandro Zichy
	DR Andrade Dep 4A
	Asuncion, Paraguay 1759
MGR	Katarina Zichy
-	DR Andrade Dep 4A
	Asuncion, Paraguay 1759
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, it any.	
REQUIRED SIGNATURE:	,
REQUIRED SIGNALURG.	
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- Alyne	
Signature of a member or a	nn authorized representative of a member
Signature of a member or a This document is executed in accordance to any false information submitted in a document	un authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or a This document is executed in accordance to any false information submitted in a docume as provided for in s.817.155, F.S.	

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

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

ARTICLE IV-