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(Requestor's Name)
(Address)
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(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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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

,
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Office Use Only

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

RiR. GROUP Incasi	theat corp	(CONVERSION) (Document #)
(Corporation Name)	V	(Document #)
(Corporation Name)		(Document # FEB
(Corporation Name)		(Document#)
☐Walk in ☐Pick-up time	2.00	□ Certifled copy
□Mail out □Will wait	□Photocopy	☐ Certificate of Status

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 \$,605.1045, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of the A P.R. GROUP INVESTMENT CORP (DOS - 165	
(Enter Name of Other Business Entry)	ر 120
2. The "Other Business Entity" is a	ommon law or business trust, etc.)
FLORIDA rirst organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. enti	ty, the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached R.R. GROUP INVESTMENT LLC	Articles of Organization:
(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 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 naturary filing requirements, the date on the Department of State's records.	-
5. The plan of conversion has been approved in accordance with all applicable state	ntes.
 The "Converted or Other Business Entity" has agreed to pay any members having a which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S. 	ppraisal rights the amount to

	à
Signed this 22 day of JANUARY	2018
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: ZSVEIQUE KANNO	THO AMBR
Signature(s) on behalf of Other Business Entity:	[See helow for required signature(s)]
Printedname: Eukifave Ran	nos
signature: Charles	Title:
` =	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Giornature.	
Signature: Printed Name:	Title
x Innoc Harre.	7140.
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	
If Florida Coneral Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership;
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	S30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -			
The name of th	e Limited Liability Comp	any is:	
R.R. GROUP INV	VESTMENT LLC		
	(Must contain the words "Limite	d Liability Company, "L.L.C.," or "LLC")	
ARTICLE II -	Addam		
		f the principal office of the Limited Liabilit	N Company in
		. The primarpar of the of the fathings Liangui	y Company is:
Principal Office	ce Address:	Malfing Address:	
2161 NW FLAGE	LER TERRACE	2:61 NW FLAGLER TERRACE	i
MIAMI FL 33125		MIAMI FL 33125	
Dustiness county Dig	he Florida street address of MARTORELL'S OFFICE	vo Registered Agent. You must designate an Individual or Of the registered agent are: E CORP Name	ånothਵਾ
	1 1046 W FLAGLER ST	- (0 O D - NOT	
	rionan sueet acares	s (P.O. Box NOT acceptable)	
		, <u> </u>	
	MIAMI	FL 33174	

(CONTINUED)

TALLAHASSEF OF STATE

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	ENRIQUE RAMOS
	2161 NW FLAGLER TERRACE
	MIAMI FL 33125
· · · · · · · · · · · · · · · · · · ·	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or a	in authorized representative of a member
Signature of a member or a	W.th section 605.0203 (!) (b). Florida Stanites, I am autore H
Signature of a member or a This cocument is executed in accordance of any faise information submitted in a document	W.th section 605.0203 (!) (b). Florida Stanites, I am autore H
Signature of a member of a This cocument is executed in accordance of any false information submitted in a document as provided for in s.317.155, F.8. ENRIQUE RAMOS	authorized representative of a member with saction 605,0263 (1) (b), Florida Statutes. I am aware them to the Department of State constitutes a third degree fellowed or printed name of signee

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

ARTICLE IV-

sation and Designation of Registered Agent

5.00 Certificate of Status (Optional)

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