# L20000322848

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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# Diego L. Restrepo, P.A. Attorneys at Law

Member:

Florida Bar Association

2600 S Douglas Road, Suite 913 Coral Gables, Florida 33134

Telephone: (305) 447-9430 Fax: (305) 448-5541

E-Mail: diego@restrepolaw.com

Member:

Florida Institute of Certified Public Accountants

September 8<sup>th</sup>, 2020

Certified Mail Return Receipt Requested No. 7017 3380 0000 6307 7219

Florida Department of State New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Ref: Articles of Conversion for Arata Capital LLC, a Delaware limited liability company ("the Company") into Florida limited liability company.

To whom it may concern:

Enclosed please find the Articles of Conversion and Articles of Organization for **ARATA CAPITAL LLC**, a Delaware limited liability company and check number 1917in the amount of \$150.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

Diego L. Restrepo, P.

By.

Diego L. Rest**f**epo, Esq., CP

#### **COVER LETTER**

SUBJECT: Arata Ca	pital LLC			
30bace1	(Name of Res	sulting Florida Limit	ed Con	npany)
	•	•		nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Diego L. Restrepo, Esq.,	, CPA			
	(Contact Person)	_		
Diego L. Restrepo P.A.				
	(Firm/Company)			
2600 South Douglas Roa	ad Suite 913			
	(Address)			
Coral Gables, FL 33134				
	City, State and Zip Code)	• • •,,		
rafael@restrepolaw.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Diego L. Restrepo		_at ( 305	447 9	9430
(Name of Conta	act Person)		<i>/</i>	rtime Telephone Number)
	or the following amou		rocess	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES New Filing Section	<b>S</b> :	<b>MAILI</b> New Fi		ADDRESS: ection

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

INHS11 (7/17)

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO:

New Filing Section Division of Corporations

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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:

Arata Capital 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.
(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)
On
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Arata Capital LLC
(Enter Name of Florida Limited Liability Company)
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 he date this document is filed by the Florida Department of State.)
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
. The plan of conversion has been approved in accordance with all applicable statutes.
. 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.

Papa SEP 15 MM 11:5

Signed this 09 day of 04	20 20
Signature of Authorized Representative of Limi	ted Diability/Company
Signature of Authorized Representative:C Printed Name: Diego L. Restrepo, Esq.	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Section of the sectio	
Signature: Printed Name: International Advisor Service, Inc	Title: MGR
Signature:Printed Name:	Title:
Timed Name.	
Signature:	70°.1
Printed Name:	litle:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
f Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>lees:</u>	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Arata Capital LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2600 South Douglas Road, Suite 913	2600 South Douglas Road, Suite 913
Coral Gables, FL 33134	Coral Gables, FL 33134
ADTICLE III Degistered Agent Degistered	1 Office & Desistered Agent's Signature.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
International Corporate Service,	Inc.
Name	
2600 South Douglas Road Suite	913
Florida street address (P.O	913  Box NOT acceptable)
Coral Gables	FL 33134
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

(CONTINUED)

# ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	International Advisors Service, LLC
	2600 South Douglas Road, Suite 913
	Coral Gables FL 33134
MGR	Luis Ignacio Munera Cambas
	2600 South Douglas Road, Suite 913
	Coral Gables FL 33134
<del></del>	<del></del>
	- <del></del> -
	<del></del>
(Use attachment if necessary)	
(	
TICLE V: Other provisions, if any.	
y and all lawful business purpose.	
	<del></del> _
DECLUDED STONA TUDE	11
REQUIRED SIGNATURE:	/   '
( (iQ)/(	14/2
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 ment to the Department of State constitutes a third degree felony
Diego L. Restrepo, Esq.	
	ped or printed name of signee
- 7	Filing Face

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