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Office Use Only



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Effective Date 10-14-11

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 20 2011

COVER LETTER

Tallahassee, FL 32301

TO: Registration Section Division of Corporations		
<u>.</u>	ONES 69 LLC	
(Na	ume of Resulting Florida Limited Company)	
The enclosed Certificate of Conversi "Other Business Entity" into a "Flori	ion, Articles of Organization, and fees are submitted to convert an ida Limited Liability Company" in accordance with s. 608.439, F.S.	
Please return all correspondence cond	cerning this matter to:	
FRANCISCO J V	illebas	
FRANCISCO J V (Contact Person) FRANCISCO J VIII (Firm/Company)	EGAS CPA PA	
(Firm/Company)	ve #700	
CORAL GARLES, F		
(City, State and Zip C	Code	
FJVIlleGAS@ Vil	llegas coa com	
E-mail address: (to be used for future annual	report notifications)	1
For further information concerning th	Teport notifications) at (301) 4412105 (Area Code and Daytime Telephone Number)	
FRANCISCO I VilleGA	8 at (301) 441 2105 78 3	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	- Hickory
Enclosed is a check for the following	amount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

	V		ately prior to the filing of this Certi	ficate of	•	
Conversion is:	Inversiones	69	Inc			1121
	(Enter Nam	e of Ot	her Business Entity)	$\Delta \Pi \Delta$	M)í	
2. The "Other B	usiness Entity" is a		PORATION	PHO	るし	2481 4-11
	general partnership,	commo	orporation, limited partnership, on law or business trust, etc.)		<i>)</i>	
first organized, for	ormed or incorporated under	the law	s of FORIDA ntity, the name of the country)	_		
on	3/14/11	I-U.S. C	ntity, the name of the country)			
(Enter	date "Other Business Enti	ty" was	first organized, formed or incor	porated))	
4. The name of t	prganized, formed or incorpo	rated: Compa	ny as set forth in the attached Arti	ECRETARY LLAHASSE	E 38 AM 8: 38	
			imited Liability Company)	. OF	8	
(The effective datified by the Flor	e on the date of filing, enter ate: 1) cannot be prior to n	the effe nor mor AND 2)	e than 90 days after the date this must be the same as the effective			he
			s) governing the other business entements of s.608.439, F.S., in effecti			on.
7. The "Other Bu	siness Entity" currently exis	ts on the	e official records of the jurisdiction	under w	vhich it	is

currently organized, formed or incorporated.

Signed this 14th day of October	er 20 11			
Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide	resentative of Limited Liability Company: ated in this document are true. Thy false inforced for in s.817.155, F.S.	rmation		
Signature of Member or Authorized Repres Printed Name: JOSE HERNANDE	entative: Title: PRES.	- -		
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	ntity: Individual(s) signing affirm(s) that the sign constitutes a third degree felony as providuature(s).]	facts sta led for i	ited in n	
Signature: Printed Name: JOSE AL PRINANDE 2	Title: Ples.	-		
	Title: DIR/ V.P.	-		
Signature:	Title: DIR			
	Title:	<u>.</u>		
Signature:Printed Name:	Title:			
Signature: Printed Name:		SECRE!	7811 OCT	- T
If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected		IARY OF	19 AM	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	STATE LORIDA	8: 38	, in the
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:			
All others: Signature of an authorized person.				
Fees:				
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·	
Inversiones 69 LLC		
(Must end with the words "Limited Liability Company, the abbrevia	ation "L.L.C.," or the designation "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2721 NW 79 AVE M(AM) FL 33122	CANE	
2721 NW-	Agent. You must designate an individual or another TALLEC RETARY OF TAMES AND EZ	T
Mi Ami City Sto	FL 33122 ate, and Zip	
Having been named as registered agent and to accept company at the place designated in this certificate, I agree to act in this capacity. I further agree to compt proper and complete performance of my duties, and position as registered agent as provided for in Chaptan	ot service of process for the above stated limited liability hereby accept the appointment as registered agent and bly will the provisions of all statutes relating to the Lam familiar with and accept the obligations of my	

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Mem	nher	
MGR	GABRIEL GARCIA	
	2721 NW 79 AVE	
	MiAMI, FL 33122	
MGR	LIASILY WARDINI	
	8320 NW 8 ST.	
	MIAMY FL 33126	
MGRM	JOSE HERNANDEZ ASSET DE LA PROPERTIE DE LA PRO	
	2721 NW 79 AVE 59 0	7
	MIAMI FL 3312Z EM S	
	TOSE HER NANDEZ ASECRETARIOS MIAMI FL 33122 HARRISS	
	—————————————————————————————————————	
	AM 8:38	E

(Use attachment if necessary	y) DF 3	l I
ARTICLE V: Effective date, if ot	ther than the date of filing: (OPTIONAL)	
(The effective date: 1) cannot be	prior to nor more than 90 days after the date this document is file	ed by
	; AND 2) must be the same as the effective date listed in the atta	ched
Certificate of Conversion, if an ef	ffective date listed therein.)	
		
REQUIRED SIGNATURE:	$\mathcal{I}h$	
Signature of a membe	r or an authorized representative of a member.	
(In accordance with section 608 4)	08(3), Florida Statutes, the execution of this document constitutes an affirmation	under
the penalties of perjury that the fa	acts stated herein are true. I am aware that any false information submitted in a	
•	tate constitutes a third degree felony as provided for in s.817.155, F.S.)	
Jose	HENANDEZ Typed or printed name of signee	
 	Typed or printed name of signee	
	D 4 44	

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