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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECREIARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

JORGE DE PIÑA JR

(Contact Person)

P. U. P. E Companies, LLC
(Firm/Company)

320 MIRACLE MILE SUITE (Address)

CORAL GABLES, FL 33134 (City, State and Zip Code)

LORGE @ PUREFITM. COM

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

at (305) 648 · 3838

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

Status

\$150.00 Filing Fees (\$25 for Conversion \$155.00 Filing Fees and Certificate of

\$180.00 Filing Fees and Certified Copy

\$185.00 Filing Fees, ertified Copy, and cate of Status

& \$125 for Articles of Organization)

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of
Conversion is: 7.U.R.E INVESTMENTS MANAGING GROUP, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>CORYORATION</u>
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Floring
(Enter state, or if a non-U.S. entity, the name of the country)
on 5 22 13
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
P. U. R. E COMPANIES, U.C. (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 14 day of 104	20	
	oresentative of Limited Liability Company ated in this document are true. Any false inf ed for in s.817.155, F.S.	
Signature of Member or Authorized Representation Name: <u>JORGE DE PINA</u>	entative:	MEMBER
this document are true. Any false informats.817.155, F.S. [See below for required sign		
Signature: HSH ey Velet Printed Name: ASH Ley Velez	Title: PRESIDENT	
	Title:	
	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		
If Florida General Partnership or Limited Signature of one General Partner.		
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		FIL 13 JUL 22 SECRETARY TALLAHASSI
Fees:		1 1 3
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2	PH I2: 34 OF STATE E. FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
P. U. R.E COMPANIES LLC (Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
320 MIRACLEMILE SUITE 201 320 MIRACLE MILE SUITE 20 CORALGABLES, FL 33134 CORALGABLES, FL 33134
CORALGABLES, FL 33134 CORALGABLES, FL 33134
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
JORGE DE PIÑA JR. Name
Name
320 MIRACLE MILE SUITE 201
Florida street address (P.O. Box NOT acceptable)
CO KAI GABLES FL 33134
City, State, and Zip
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-608, F.S
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	- Manager(s) or Managing Member(s): address of each Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Ma: "MGRM" = N	Name and Address: ager anaging Member
MGRN	JORGE DE PIÑA JR BZO MIRACIE MILE SUITE ZOI CORAL GABIES, FI 33134
MGRM	SERN KOCH 320 MIRACIE MILE SUITE ZOI CORAL GABLES, PL 33134
MGRM	AGHIEY VELEZ 320 MIRACLE MILE SUITE 201 CORAL GABLES, FL 33134
MGRN	VICTOR TORRES 320 MIRACLE MILE SUITE 201 CORAL GABLES, FL 33134
(Use attachme	at if necessary)
The effective date: he Florida Departi	(OPTIONAL) (OPTIONAL) (1) cannot be prior to nor more than 90 days after the date this document is filed by nent of State; AND 2) must be the same as the effective date listed in the attached rsion, if an effective date listed therein.)
REQUIRED SIGN	TURE:
the penalties of p	h section 608.408(3) Florida Statutes, the execution of this document constitutes an affirmation under right that the facts stated herein are true. I am aware that any false information submitted in a Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
	Jorde DE PINA JR. Typed or printed name of signee