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Office Use Only



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2014 NAR -4 AM ID 18 SLOKETARY OF STATE TALLAHASSEE, FLORIDA

FILED

N. Gulligan MAR = 5 2014



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1.	Infi	nity 3021 Corp.	P1100	00003980
	(CORPORATE NA	AME)	(DC	OCUMENT#)
2.	(CORPORATE NA	AME)	(DC	DCUMENT #)
-				
3.	(CORPORATE NAME)		(DOCUMENT #)	
			_	
	Walk-In	X Pick up time:	Certified Copy	Certificate Of Status

	New/Filings
	Profit
	Non-Profit
	Limited Liability
X	Other: COMEDION
	Corp + uc

Amendments
Amendments
Resignation
Dissolution/Withdrawal
Other:

"Other Filings "
Annual Report
Fictitious Name
Apostille:
Other:

Examiners Initials	
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FILED

2014 MAR -4 AM 10: 18

Certificate of Conversion For

SECRETARY OF STATE TALLAHASSEE, FLORIDA

"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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is INFINITY 3021 CORP. $\frac{1}{1} \left(\frac{1}{2} - \frac{3}{2} \frac{1}{8} \right)$
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state or if a non-U.S. entity, the name of the country)
on 01/12/2011
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
INFINITY 3021 LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date 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.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

, ,	
Signed this 28 day of FEBRUARY	20 <u>/4</u>
Signature of Authorized Representative of Li	imited Liability Company:
Cianatura of Authorized Banzasantativa	
Signature of Authorized Representative:	1) ANALOSE
Printed Name: MARIA ISABEL PINEIRO	Title: MANAGER
Signature(s) on hehalf of Other Basiness Entity	(See helest for required signature(s))
Signature(s) on denail of Other Business Entity	_ [see below for required signature(s).]
Signature: WWW)	
Printed Name; MENAHEM M. BENATAR	Title: DIRECTOR
Signature: Allella	
Printed Name: ALBERTO BENATAR	Title: DIRECTOR
Printed Name: ACCENTO DENATAR	Tille: birterox
-	>
Signature: maximum	
Printed Name: MARIA ISABEL PINEIRO	Title: SECRETARY
Signature:	
Printed Name:	
Cianobira:	
Signature:Printed Name:	TM
Printed Name:	1 tile:
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 Lial	oility Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Lial	bility Limited Partnership:
Signatures of ALL General Partners.	
orgination of Mine Contract Landers.	
A 15 - 41	
All others:	
Signature of an authorized person.	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INFINITY 3021 LLC		ability Company, "L.L.C.," or "LLC.")	•
(14	iusi end with the words. Efficied Li	tomy company, E.E.C., or EEC.	
ARTICLE II - A			
The mailing addre	ess and street address of the	principal office of the Limited Liability C	ompany is
Principal Office	Address:	Mailing Address:	
2125 NW 79 AVEN	UE	2125 NW 79 AVENUE	
DORAL, FL 33122		DORAL, FL 33122	•
The Limited Liability (business entity with ar	Company cannot serve as its own Relactive Florida registration.) Florida street address of the	red Office, & Registered Agent's Signati gistered Agent. You must designate an individual or and the registered agent are:	ure: other
The Limited Liability (business entity with ar	Company cannot serve as its own Re active Florida registration.)	egistered Agent. You must designate an individual or and the registered agent are:	ure: other
The Limited Liability (business entity with ar	Company cannot serve as its own Re active Florida registration.) Florida street address of the	egistered Agent. You must designate an individual or and the registered agent are:	ure: other
(The Limited Liability (business entity with ar	Company cannot serve as its own Re active Florida registration.) Florida street address of the	egistered Agent. You must designate an individual or and the registered agent are: GENTS, INC.	ure: other
(The Limited Liability (business entity with ar	Company cannot serve as its own Refractive Florida registration.) Florida street address of the ARAGON REGISTERED A No. 255 ALHAMBRA CIRCLE	egistered Agent. You must designate an individual or and the registered agent are: GENTS, INC.	ure: other
(The Limited Liability (business entity with ar	Company cannot serve as its own Refractive Florida registration.) Florida street address of the ARAGON REGISTERED A No. 255 ALHAMBRA CIRCLE	egistered Agent. You must designate an individual or and the registered agent are: GENTS, INC. Ime SUITE 500	ure: other
(The Limited Liability (business entity with ar	Company cannot serve as its own Relactive Florida registration.) Florida street address of the ARAGON REGISTERED A National Street ALHAMBRA CIRCLE STORIGHT Florida street address (Florida street ad	registered Agent. You must designate an individual or and the registered agent are: GENTS, INC. Time SUITE 500 P.O. Box NOT acceptable)	ure: other

(CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person Company:	on authorized to manage and control the Limited Lial	oility
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	MARIA ISABEL PINEIRO	
	2125 NW 79 AVENUE	
	DORAL, FL 33122	
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		TAKE COMMENT
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and the second of the second o		
		Σ- rm α
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than to (If an effective date is listed, the date must our 90 days after the date of filing.) ARTICLE VI: Other provisions, if any.	he date of filing: (OPTION to be specific and cannot be more than five business	NAL) s days prior
		
REQUIRED SIGNATURE:		
Signature of a frame	per or an authorized representative of a member.	
(In accordance with section 605.0203 constitutes an affirmation under the pe	(1) (b), Florida Statutes, the execution of this documnalties of perjury that the facts stated herein are true.	
l am aware that any false information a constitutes a third degree felony as pro	submitted in a document to the Department of State ovided for in s.817.155, F.S.)	
MARIA ISABEL PINEIRO	0	
Т	yped or printed name of signee	