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. HICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. 3101815 MAR 2 0 2014





December 2, 2013

FEDERICO ALMANDOZ 350 S MIAMI AVE #1514 MIAMI, FL 33130

SUBJECT: INVESTMENT 9498 INC

Ref. Number: W13000065735

We have received your document for INVESTMENT 9498 INC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 513A00027396

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: INVESTMENT 9498, LLC.	
	ting Florida Limited Company)
	es of Organization, and fees are submitted to convert and Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning th	is matter to:
FEDERICO ALMANDOZ	
(Contact Person)	
<i>i</i>	
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
350 Saya Migy Au	1. # 1514
(Address)	······································
350 South Might An (Address) MIAMI PL 3313	
(City, State and Zip Code)	
E-mail address: (to be used for future annual report noti	fications)
For further information concerning this matter	, please call:
FEDERICO ALMANDOZ	786 603-4442
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	·
	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	rananassee, r.E. 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate INVESTMENT 9498 INC	e of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION (Enter partity to be Framely, comparting limited mate parking).	
(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	
08/13/2013 (Enter state, or it a non-U.S. entity, the name	e of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles INVESTMENT 9498 LLC (Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date:	or Grganization.
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the san date listed in the attached Articles of Organization, if an effective date is listed therein.)	ne as the effective
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.	
Page 1 of 2	14/15/19
	s ^a way

Signed this 03 day o	f <u>01</u>	_ 20	
Signature of Authorized Re	epresentative of Limite	ed Liability Company:	
Signature of Authorized Rep Printed Name: FEDERICO ALMA	resentative: <i>Fall</i>	Title: MGR	
		ee below for required signature(s).]	_
Signature: FEDERICO ALMA	ANDOZ	Title: MGR	
			_
Printed Name:		Title:	
Signature:		Title:	
			
Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature:		Title:	_
If Florida Corporation:			-
Signature of Chairman, Vice of If Directors or Officers have n			
If Florida General Partnersl Signature of one General Partnersl		Partnership:	TALL HA
If Florida Limited Partnersl Signatures of <u>ALL</u> General Pa		Limited Partnership:	SI WHY
All others: Signature of an authorized per	son.	·	13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
Fees:		KO KA	
Articles of Conversio	n:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INIVERSALE OF				
INVESTMENT 949		iability Company, "L.L.C.," or "LLC.")		
		, tomp=1,, =,, or ==4.,		
ARTICLE II - A		_		
The mailing addr	ess and street address of th	e principal office of the Limite	ed Liability Con	ıpar
Principal Office	Address:	Mailing Address:		
350 S MIAMI AVE	#1514	350 S MIAMI AVE #1514		
MIAMI, FL 33130		MIAMI, FL 33130		
		ered Office, & Registered Ag		
ARTICLE III -] The Limited Liability business entity with a		ered Office, & Registered Ag Legistered Agent. You must designate an		
ARTICLE III -] The Limited Liability business entity with a	Company cannot serve as its own R n active Florida registration.) Florida street address of t	ered Office, & Registered Ag legistered Agent. You must designate an the registered agent are:	individual or another	•
ARTICLE III -] The Limited Liability business entity with a	Company cannot serve as its own R n active Florida registration.) Florida street address of t AFW & ASSOCIATES CO	ered Office, & Registered Ag legistered Agent. You must designate an the registered agent are:	individual or another	
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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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	FEDERICO ALMANDOZ	
	350 S MIAMI AVE #1514	
	MIAMI, FL 33130	
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LE V: Effective date, if other than the frective date is listed, the date must	ne date of filing:t be specific and cannot be more than	(OPTIONA
(Use attachment if necessary) LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any.		(OPTIONA
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LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	t be specific and cannot be more than	(OPTIONA five business of
ELE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member accordance with section 605.0203	er or an authorized representative of (1) (b), Florida Statutes, the execution of	a member.
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ARTICLE IV-