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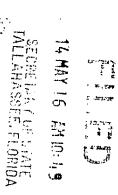
713.422
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

то:	Registration S Division of C				
SUBJ	ECT: NORDE	EN, LLC			
		(Name	of Resulting Florida	Limite	d Company)
			_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this matter to:		
Lour	des Torres				
		(Contact Person)			
	.	(Firm/Company)			
267	Minorca Aveni				
		(Address)			
Сога	l Gables, FL	33134			
	(0	City, State and Zip Code)			
lourd	es@delaosac	pa.com			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	irther information	on concerning this ma	tter, please call:		
Lour	des Torres		at (305	273-	-1040
	(Name of Conta	et Person)		(Day	time Telephone Number)
Enclo	sed is a check f	or the following amou	int:		
(\$25 fc & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	EET ADDRES	S:			ADDRESS:
	tration Section	•	Registra		
	ion of Corporat n Building	ions	P. O. Be		Corporations 27
	n Building Executive Cent	er Circle			FL 32314
	nassee, FL 323		,	- ,	

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.

otatuto.			
1. The name of the "Other Business Entity" in NORDEN CORP	mmediately prior to the filing of the Articl	les of Conversion is:	
	Other Business Entity)	- *	
2. The "Other Business Entity" is a NORDE	N, LLC		
(Enter entity	y type. Example: corporation, limited partnership. partnership, common law or business trust, etc.)	- '	
First organized, formed or incorporated under	the laws of Florida		
12-18-2013	(Enter state, or if a non-U.S. entity, the	e name of the country)	
on (date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability (NORDEN, LLC		icles of Organization:	:
(Enter Name of Florida Li	imited Liability Company)		
4. If not effective on the date of filing, enter to (The effective date: 1) cannot be prior to date this document is filed by the Florida D date listed in the attached Articles of Organ	ate of receipt or filed date nor more tha epartment of State; <u>AND</u> 2) must be the	e same as the effective	e
5. The plan of conversion has been approved i	in accordance with ss. 605.1041-605.1046	j .	
	Page 1 of 2	TALLAH) SECNO	E ST

Signed this 14 day of Ma	ay 20 <u>14</u>	
Signature of Authorized Repres	sentative of Limited Liability Company:	
Signature of Authorized Represer Printed Name: Jose A Santos	ntative: Joseph Jank	
	Business Entity: [See below for required signature(s).]	
Signature:	Land	
Printed Name: Nose A Santos	Title: President	
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	Title:	
Printed Name:	Title:	
Signature:	Title:	
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chair		
If Florida General Partnership of Signature of one General Partner.	r Limited Liability Partnership:	
If Florida Limited Partnership of Signatures of ALL General Partner	r Limited Liability Limited Partnership: rs.	
All others: Signature of an authorized person.	TALLAH ALLAH ALLAH	17 HAY
1	ASS.	5 W. C.
	LORIDA 	
	Ürn A	ه

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NORDEN, LL		Liability Company, "L.L.C.," or "LLC."	h)
	(Must end with the words "Limited	Liability Company, "L.L.C., or "LLC.)
ARTICLE II - The mailing add		he principal office of the Limit	ted Liability Company is:
Principal Offic	ce Address:	Mailing Address:	
1200 Brickell	Avenue	1200 Brickell Avenue	<u>e </u>
Suite 800		Suite 800	
Miami, FL 33	131	<u> Miami, FL 33131</u>	
The name and t	he Florida street address of Carlos M de la Osa	the registered agent are:	TALLAH THE
	N	Name	
	267 Minorca Avenue suite		
	Florida street address	(P.O. Box NOT acceptable)	5 5
	Carol Cables	FL 33134	R 5
	Coral Gables,		770
	City	Zip	D

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

U A B A CO CO U A A A A A A A A A A A A A A A A A A	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	JOSE A SANTOS
	1200 Brickell Avenue Suite 800
	Miami, FL 33131
AMBR	JOSE A SANTOS
-	1200 Brickell Avenue Suite 800
	Miami, FL 33131
MGR - AMBR	FERNANDO A MARQUEZ
	1200 Brickell Avenue Suite 800
	Miami, FL 33131
MGR - AMBR	JOSE E PARRA
	1200 Brickell Avenue Suite 800
	Miami, FL 33131
	Wilditii, 1 2 00 10 1
ICLE V: Effective date, if other than the	e date of filing: (OPTIONAL
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	be specific and cannot be more than five business da
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effective date is listed, the date must 00 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	be specific and cannot be more than five business da
effective date is listed, the date must 90 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a mem	er or an authorized representative of a member. (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the pen	be specific and cannot be more than five business da
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