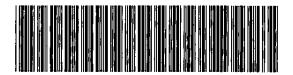
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T. Burch AUG 20 2014

#### **COVER LETTER**

**TO: Amendment Section Division of Corporations** 

NAME OF CORPORATION: THE BEMSHIRE COMPANY, CORP.

DOCUMENT NUMBER: P06000117218

The enclosed Conversion Documents from Corp. to LLC and fee is enclosed for filing.

Please return all correspondence concerning this matter to the following:

Miguel A. Maspons, Esq. Name of Contact Person

Maspons, Sellek, Jacobs, LLP Firm/Company

### 2333 Ponce De Leon Boulevard, Suite 314 Address

Coral Gables, Florida 33134 City/State and Zip Code

#### VCOLLAZO@MASPONS.COM

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa M. Collazo

at 786-539-1430

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$160 Filing Fee

□\$43.75 Filing Fee &

□\$43.75 Filing Fee & □\$52.50 Filing Fee

Certificate of Status

Certified Copy

Certificate of Status

(Additional copy is

Certified Copy

(Additional Copy

enclosed)

is enclosed)

**Mailing Address** 

Street Address Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Amendment Section, Div. of Corps.

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2014

MIGUEL A MASPONS, ESQ 2333 PONCE DE LEON BLVD STE 314 CORAL GABLES, FL 33134

SUBJECT: THE BEMSHIRE COMPANY, LLC

Ref. Number: W14000042613

We have received your document for THE BEMSHIRE COMPANY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return 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.

Tim Burch Regulatory Specialist II

Letter Number: 814A00014909

# 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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Artic THE BEMSHIRE COMPANY, CORP.                                                                                                                                               |                                                 |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------|
| (Enter Name of Other Business Entity)                                                                                                                                                                                                                             |                                                 | e.    |
| 2. The "Other Business Entity" is a CORPORATION                                                                                                                                                                                                                   | JUL<br>AHA                                      | CORP. |
| (Enter entity type. Example: corporation, limited partnershi general partnership, common law or business trust, etc.)                                                                                                                                             |                                                 |       |
| First organized, formed or incorporated under the laws of FLORIDA                                                                                                                                                                                                 | OF S                                            |       |
| SEPTEMBER 12,2006 (Enter state, or if a non-U.S. entity, the                                                                                                                                                                                                      | ne name of the sountry                          | 4"    |
| (date of organization, formation or incorporation)                                                                                                                                                                                                                | >                                               |       |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Ar                                                                                                                                                                              | ticles of Organization                          | :     |
| THE BEMSHIRE COMPANY, LLC                                                                                                                                                                                                                                         |                                                 |       |
| (Enter Name of Florida Limited Liability Company)                                                                                                                                                                                                                 | <del></del> `                                   |       |
| 4. If not effective on the date of filing, enter the effective date: AUGUST 15,2014                                                                                                                                                                               | •                                               |       |
| (The effective date: 1) cannot be prior to date of receipt or filed date nor more the date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed the | an 90 days after the<br>he same as the effectiv | ⁄e    |
| 5. The plan of conversion has been approved in accordance with all applicable statutes.                                                                                                                                                                           |                                                 |       |

Page 1 of 2

| Signed this 6th day of August                                                                             | 20 <u>14</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |           |  |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------|--|
| Signature of Authorized Representative of Limi                                                            | ted Lightier Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |           |  |
| Signature of Authorized Representative:                                                                   | Title: MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                         |           |  |
| Signature(s) on behalf of Other Business Entity:                                                          | See below for required signature(s).]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |           |  |
| Signature: Printed Name: LUIS A. BENITES MARCANO                                                          | Title: VICE PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |           |  |
| Signature:                                                                                                | The state of the s | -                         |           |  |
| Printed Name:                                                                                             | Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                         |           |  |
| Signature:                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                         |           |  |
| Signature:Printed Name:                                                                                   | Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                         |           |  |
| Signature:                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |           |  |
| Signature: Printed Name:                                                                                  | Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - \$\frac{1}{2} \langle 0 | :🃤:       |  |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | OI JUL XI |  |
| Signature:Printed Name:                                                                                   | Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |           |  |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V2.5                      | 0         |  |
| Signature:Printed Name:                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Mi<br>O Mi -            |           |  |
| Printed Name:                                                                                             | Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - 11 S                    | ₩.        |  |
| If Florida Corporation:<br>Signature of Chairman, Vice Chairman, Director, or                             | Officer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VERNO<br>STVI             | er<br>En  |  |
| If Directors or Officers have not been selected, an In-                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -,                        |           |  |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.                       | ty Partnership:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |           |  |
| If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.                     | ty Limited Partnership:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |           |  |
| All others: Signature of an authorized person.                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |           |  |
| Fees:                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |           |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |           |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THE BEMSHIRE COMPANY, LLC (Must end with the words "Limited Liability                                                                                                                                                          | ity Company, "L.L.C.," or "LLC.")                                                                                                                                                                                                                                                   |
| ARTICLE II - Address: The mailing address and street address of the pri                                                                                                                                                        | rincipal office of the Limited Liability Company is:                                                                                                                                                                                                                                |
| Principal Office Address:                                                                                                                                                                                                      | Mailing Address:                                                                                                                                                                                                                                                                    |
| 10049 N.W. 89 TH AVENUE,<br>BAY 14, MEDLEY, FLORIDA<br>33178                                                                                                                                                                   | 10049 N.W. 89TH AVENUE,<br>BAY 14, MEDLEY FLORIDA<br>33178                                                                                                                                                                                                                          |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration. | registered agent are:                                                                                                                                                                                                                                                               |
| LUIS A. BENITES MARC Name                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |
| 10049 N.W. 89TH AVENU<br>Florida street address (P.O.                                                                                                                                                                          |                                                                                                                                                                                                                                                                                     |
| MEDLEY,                                                                                                                                                                                                                        | FL <u>33178</u>                                                                                                                                                                                                                                                                     |
| City                                                                                                                                                                                                                           | Zip                                                                                                                                                                                                                                                                                 |
| liability company at the place designated in<br>registered agent and agree to act in this capaci<br>statutes relating to the proper and complete p                                                                             | o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Company:                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                  |             |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|
| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager                                                                                                                                                                                                                                                  | Name and Address:                                                                                                                                                                                                |             |       |
| MG R                                                                                                                                                                                                                                                                                                      | LUIS A. BENITES MARCANO<br>10049 N.W. 89TH AVENUE, BAY 14<br>MEDLEY, FLORIDA 33178                                                                                                                               |             |       |
| MGR                                                                                                                                                                                                                                                                                                       | ANABEL FERNANDEZ PATINO<br>10049 N.W. 89TH AVENUE, BAY14<br>MEDLEY, FLORIDA 33178                                                                                                                                |             |       |
|                                                                                                                                                                                                                                                                                                           | SECRETAL AS                                                                                                                                                                                                      | II JUL II   |       |
|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                  | ) PH (      |       |
| (Use attachment if necessary)                                                                                                                                                                                                                                                                             | ORD                                                                                                                                                                                                              | ·<br>中<br>中 | U     |
| ARTICLE V: Effective date, if other than the                                                                                                                                                                                                                                                              | date of filing: <u>Guyux 15 2014</u> (OPTION) oe specific and cannot be more than five business                                                                                                                  | ST<br>AL)   | prior |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be or 90 days after the date of filing.)                                                                                                                                                                      |                                                                                                                                                                                                                  | ST<br>AL)   | prior |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be or 90 days after the date of filing.)  ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:                                                                                                          | be specific and cannot be more than five business                                                                                                                                                                | ST<br>AL)   | prior |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be or 90 days after the date of filing.)  ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the pena | or an authorized representative of a member.  ) (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true, comitted in a document to the Department of State | AL) days    | prior |

ARTICLE IV-

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation