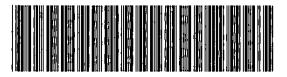
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fin- Woss
(Requestor's Name)
(Address) _
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





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SECRETARY OF STATE
TALLAHASSEE FLABRICA

#### **COVER LETTER**

Division of Corporations					
SUBJECT: I Panema	Capital, Inc.				
SUBJECT:					
	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.				
Please return all correspondence concern	ing this matter to:				
MAtthew Lapides	<b>&gt;</b>				
I panena Capi	tal, Inc				
3272 Virginia	<u>st.</u>				
Miami FL (City, State and Zip Code	33133				
E-mail Address: (to be used for future annual	report notifications)				
For further information concerning this r	natter, please call:				
MAtthew Landes (Name of Contact Person)	at (305) 602 1000 (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following am	ount:				
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\$\$ \$155.00 Filing Fees and Certificate of Status	s = \$180.00 Filing Fees and Certified Copy				
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314				

Tallahassee, FL 32301

### **Articles of Conversion**

For

### "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles 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 the Articles	of Conve	ersion	is:
Tpanema Capital, Inc. (Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a <u>corporation</u> - <u>currently</u> .  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the na  (date of organization, formation or incorporation)	ime of the	country	r)
3. The name of the Florida Limited Liability Company as set forth in the attached Article  Tpanena (apital, LLC  (Enter Name of Florida Limited Liability Company)	es of Org	;aniza	ition:
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 9 date this document is filed by the Florida Department of State; AND 2) must be the state listed in the attached Articles of Organization, if an effective date is listed therein	ame as ti		
5. The plan of conversion has been approved in accordance with all applicable statutes.	TALL See	14 SE	*********
Page 1 of 2	CRETARY OF STAR AHASSEE FLORIE	SEP 12 AM 10: 3!	
		35	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGR	Matthew A. Lapides 3272 Virginia St Miani, FL 33133
(Use attachment if necessary)	e date of filing: (OPTIONAL)
or 90 days after the date of filing.)  RTICLE VI: Other provisions, if any.	be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	Defoget)
(In accordance with section 605.0203 (constitutes an affirmation under the pen	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document salties of perjury that the facts stated herein are little, abmitted in a document to the Department of State wided for in s.817.155, F.S.)
·	ped or printed name of signee
of Registered Agent \$ 30.00 Certified Copy (Option	ıal)
\$ 5.00 Certificate of Status (O	ptional) Page 2 of 2

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

Company:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:				
Transma (ap) (Must end with the words "Limited Liabili	tal, LLC			
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3272 Virginia ST Miani, FL 33133	ne			
10((am: , PC 33/35				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerus business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another			
The name and the Florida street address of the re				
MATTHEW A Name	Lapides			
3272 Virgin	a St			
Florida street address (P.O.	Box NOT acceptable)			
Mian:	FL 33133 Zip			
City	Zip			
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and			
	eture (REQUIRED)  Approximation of the second secon			
(CONTIN	UED)			
Page 1 or	12			

Signed this of day of September 20 14.	
Signature of Authorized Representative of Limited Liability Company:	
Signature of Authorized Representative: Manuer Printed Name: MATINE A. Lapidos Title: Pres.	
Signature(s) on behalf of Other Business Entity: [See below for required signature	e(s).]
Signature: Title:	
Printed Name: Title:	
Signature: Title:	<del></del>
Signature: Printed Name: Title:	
Signature: Title:	<del></del>
Signature: Title:	
Signature: 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 Liability Partnership: Signature of one General Partner.	SECRIFALLA
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.	P 12 /
All others: Signature of an authorized person.	AM IO: 35
Fees:	<b>受称 3.</b>

Articles of Conversion:

\$25.00

\$125.00

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

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