| (Re | equestor's Name) | |
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| (Ad | ldress) | , <u> </u> |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T SCHROEDER

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

CONSTRUCTORA LIMONAR, INC.

P97000098823

| () Profit | | |
|------------------------|----------------------------|---------------|
| () Nonprofit | | |
| () Foreign | _ | |
| | () Amendment | () Merger |
| () Limited Partnership | _ | |
| () LLC | () Dissolution/Withdrawal | () Mark |
| | () Reinstatement | |
| | () Annual Report | . (X) Other |
| (X) Certified Copy | _ | Conversion |
| Conversion | () Name Registration | <u>()</u> UCC |
| () Call When Ready | () Fictitious Name | |
| (x) Walk In | | () CUS |
| () Mail Out | () Photocopies | |
| | | () After 4:30 |
| Name | () Call If Problem | (x) Pick Up |
| Availability | () Will Wait | |
| Document | | |
| Examiner | 12/29/2015 | Order#: |
| Updater | | 9825857 |
| Verifier | KM | |
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COVER LETTER

| TO: | Registration S Division of C | | | | |
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| CIIDI | | ora Limonar, LLC | | | |
| SOBJ | LC1: | | of Resulting Florida | Limite | d Company) |
| | | | | | d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S. |
| Please | return all corre | espondence concernin | g this matter to: | | |
| Pratiksl | na Patel | | | | |
| | _ | (Contact Person) | | • | |
| Baker & | & McKenzie LLP | | | | |
| | | (Firm/Company) | | , | |
| 1111 B | rickell Ave., Suite | : 1700 | | | |
| | | (Address) | · · · · · · | | |
| Miami, | FL 33131 | | | | |
| | (C | City, State and Zip Code) | | , | |
| pratiksh | ıa.patel@bakermo | kenzie.com | | | |
| E-m | ail Address: (to be | used for future annual re | port notifications) | , | |
| For fur | ther information | on concerning this ma | tter, please call: | | |
| Pratiksh | na Patel | | _at (³⁰⁵ | 789 89 | 984 |
| | (Name of Contac | ct Person) | (Area Code) | (Day | time Telephone Number) |
| Enclos | ed is a check fo | or the following amou | int: | | |
| (\$25 for & \$125 | 0.00 Filing Fees Conversion for Articles nization) | □\$155.00 Filing Fees and Certificate of Status | \$180.00 Filing and Certified Cop | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Registr Division Clifton 2661 E | ET ADDRESS ration Section on of Corporation Building Executive Center assect FL 3230 | ons er Circle | Registr Divisio P. O. B | ation S n of C ox 632 | Corporations |

INHS11 (06/15)

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 Conversion is: Constructora Limonar, Inc. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Corporation |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of Florida |
| November 19, 1997 (Enter state, or if a non-U.S. entity, the name 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 of Organization: Constructora Limonar, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. |

Page 1 of 2

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| Signed this <u>29th</u> day of <u>December</u> | 20_ <u>15</u> |
|-----------------------------------------------------------|---------------------------------------|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| | (Inh |
| Signature of Authorized Representative: | |
| Printed Name: Alfonso Cordoba | Title: Manager |
| | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: Man /with /nollows | |
| Printed Name: Maria Cecilia Cordoba Good | Title: President |
| | Title, Transam |
| Signature: Znh(| |
| Printed Name: Alfonso Cordoba | Title: Vice President |
| | |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| O's materials | |
| Signature: | Title. |
| Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer |
| If Directors or Officers have not been selected, an In | |
| in Direction of Chinada have not obtain belocious, and in | to potator mast sign |
| <u>If Florida General Partnership or Limited Liabil</u> | ity Partnership: |
| Signature of one General Partner. | |
| | |
| <u>If Florida Limited Partnership or Limited Liabil</u> | ity Limited Partnership: |
| Signatures of ALL General Partners. | |
| | |
| All others: | |
| Signature of an authorized person. | |
| | |
| Fees: | |
| | #25.00 |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| The name of the Limited Liability Company is. | |
| Constructora Limonar, LLC | |
| (Must end with the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 260 Crandon Blvd. | 260 Crandon Blvd. |
| Suite 26C | Suite 26C |
| Key Biscayne, FL 33149 | Key Biscayne, FL 33149 |
| 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 re | gistered agent are: |
| Maria Cecilia Cordoba Good | |
| Name | |
| 260 Crandon Blvd., Suite 26C | |
| Florida street address (P.O.) | Box NOT acceptable) |
| Key Biscayne | FL 33149 |
| City | Zip |

Having been named as registered agent and to accept service of process for the above stated limited 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 | 415 0 11 | | |
| | MGR | Alfonso Cordoba | | |
| | | 260 Crandon Blvd., Suite 26C Key Biscayne, FL 33149 | | |
| | | Rey Discaylle, PL 33149 | | |
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| | (Use attachment if necessary) | • | | |
| (If an e to or 90 <u>Note:</u> If | effective date is listed, the date must of days after the date of filing.) The date inserted in this block does not meet to | be date of filing: (OPTIO be specific and cannot be more than five busines the applicable statutory filing requirements, this date will not | ss days | - |
| documer | nt's effective date on the Department of State's | s records. | . Canada | |
| | CLE VI: Other provisions, if any. | s records. | | Ä |
| | · | s records. | | 15 NEC |
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| | CLE VI: Other provisions, if any. | records. | | 15 NEC 29 AM |
| | REQUIRED SIGNATURE: Signature of a member This document is executed in act I am aware that any false inform | | | #5 DEC 29 AH 8: |
| | REQUIRED SIGNATURE: Signature of a member | r or an authorized a cpresentative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. aution submitted in a document to the Department of State as provided for in s.817.155, F.S. | TO THE PERSON NAMED IN COLUMN TO THE | #5 DEC 29 AH 8: |
| | REQUIRED SIGNATURE: Signature of a member | r or an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State as provided for in s.817.155, F.S. FINGS CORD. RA ped or printed name of signee | THE STATE OF | #5 DEC 29 AH 8: |
| | REQUIRED SIGNATURE: Signature of a member of a management of a management of a management of a member of a management of a member of a me | r or an authorized a cpresentative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. aution submitted in a document to the Department of State as provided for in s.817.155, F.S. | NOT THE PARTY OF T | #5 DEC 29 AH 8: |

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

ARTICLE IV-

Company: