L/6000/43952

(Re	equestor's Name)	
(Ac	ldress)	
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(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

AUG 05 2016

T. SCOTT



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COVER LETTER

Tallahassee, FL 32301

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 Articles of Conversion is: (Enter Name of Other Business Entity)
/ (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.)
The state of the s
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{06/04/20/44}{\text{(date of organization, formation or incorporation)}}$ (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization formation or incorporation)
(ante of organization, formation of meorpotation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Quality Investment Usa ILC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 06/19/20/6.
(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



Signed this day of	_ 20 <i>/6</i>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Aug Printed Name: Ongela Camacho	rela Camacho Title: Registered Agent
Signature(s) on behalf of Other Business Entity: [•
Signature:	
Signature:	Title: <u>Prector</u>
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Ind	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	ne Limite	d Liab	ility Cor	npany i	s:	
	11	1	í	1	(10-	

(Nuality Investment USA LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9070 Reflection Pointe De	9070 Reflection Pointe Dre
Windermere, Fl, 34786	Windermere, Ft, 34785

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Angela Camacho

Name

9090 Reflection Pointe Dr

Florida street address (P.O. Box NOT acceptable)

Windermere FL 34986

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

16 IIII 27 AM III: 40

Title: "AMBR" = Authorized Mem "MGR" = Manager AMBL	Name and Address: ber Angela Camacho 9090 Reflection Pointe Dr
AMBR	Windermere /Fl,34786 John Villami'l 5134 Alavista Dr Orlando /Fl, 32837
(Use attachment if necessary	than the date of filing: $\frac{06/19/70/6}{}$. (OPTIONAL)
n effective date is listed, the da 90 days after the date of filing.	te must be specific and cannot be more than five business days

REQUIRED SIGNATURE:

ARTICLE IV-

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)

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