# L 160000204570

(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:
Ms. Palenco eave
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CORRECT Registered name
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2016 ROV - 3 PM 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORID,

V HERRING NOV - 8 2016

### **COVER LETTER**

10:	Division of Co			
SUBJ	ECT: PEMACA	, INC		
0020		(Name	of Resulting Florida Limi	ted Company)
				and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corre	spondence concerning	g this matter to:	
Xioma	ra Polanco			
		(Contact Person)	<del></del>	
Torres	& Vadillo, LLP			
		(Firm/Company)		
11402	NW 41 Street, Sui	te 202		
		(Address)		
Doral,	Florida 33178			
	(C	City, State and Zip Code)		
xpolan	co@torresvadilloll	p.com		
E-n	nail Address: (to be	used for future annual re	port notifications)	
For fu	rther information	on concerning this ma	tter, please call:	
Xioma	ra Polanco		_at (305 )485	-9700
	(Name of Conta	et Person)	(Area Code) (D	aytime Telephone Number)
Enclo	sed is a check for	or the following amou	nt:	
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

INHS11 (06/15)

Tallahassee, FL 32301

# **Articles of Conversion**

For

# "Other Business Entity"

Into

### Florida Limited Liability Company

FILED

2016 NOV -3 PM 4: 12

SEUNCHARY OF STATE TALLAHASSEE, FLORIDA

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  PEMACA, INC (AYTICKS A-Hached) 7/6-86958.
(Enter Name of Other Business Entity)
The "Other Business Entity" is a Corporation.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Florida Florida Florida
10/26/2016 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Pemaca, LLC
(Enter Name of Florida Limited Liability Company)
The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the late this document is filed by the Florida Department of State; AND 2) must be the same as the effective late 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 locument'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

FILED 2016 NOV - 3 PM 4: 12 SELACIARY OF STATE ALLAHASSEE, FLORIDA

Signed this	day of Novemb	er	20 16	7* .					
Signature of Authorized Representative of Limited Liability Company:									
Signature o Printed Nan	f Authorized Representatione: Michelle G. Sanchez	ve X	Title: Incorporator						
		ess Entity: [S	See below for required signature(	(s)]					
Signature: Printed Nan	ne: Ricardo Boccardo		Title: Director						
	ne:		Title:	······································					
	ne:		Title:						
Signature: Printed Nan	ne:		Title:						
Signature: Printed Nan	ne;		_Title:						
Signature: Printed Nan	ne:		_Title:	<del></del>					
Signature of	Corporation: f Chairman, Vice Chairman or Officers have not been s								
	General Partnership or Li fone General Partner.	nited Liabilit	y <u>Partnership:</u>						
	<b>Limited Partnership or Li</b> of <u>ALL</u> General Partners.	nited Liability	Limited Partnership:						
All others; Signature o	f an authorized person.								
Fees:			,						
Fec Cer	icles of Conversion; s for Florida Articles of Or tified Copy; tificate of Status;	ganization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)						

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PEMACA, 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 principal office of the Limited	Liability Cor	npany	/ is:
Principal Office Address:	Mailing Address:			
11402 NW 41 STREET	11402 NW 41 STREET			
SUITE 202	SUITE 202			
DORAL, FL 33178	DORAL, FL 33178			
SANCHEZ VADILL  11402 NW 41 STREET Florida street address  Doral  City	Name S (P.O. Box NOT acceptable)  FL 33178  Zip	LAHASSEE, FLORIDA	2016 NOV - 3 PM 4: 12	FILED
Having been named as registered agent liability company at the place designd registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position	and to accept service of process fo ated in this certificate, I hereby acc capacity. I further agree to comply plete performance of my duties, an	ept the appoin v with the prov d I am familia	itment visions ir with	as of al and

(CONTINUED)

Page 1 of 2

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

JALLAHASSEE STATE Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager MOR Ricardo Boccardo 11402 NW 41 Street, Suite 202 Doral, Florida (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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.

Ricardo Boccardo

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) Page 2 of 2