# L17000031962

| (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: |  |  |  |  |  |
|   |  |  |  |  |  |
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|   |  |  |  |  |  |

Office Use Only



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### **COVER LETTER**

| TO:                      | Registration S<br>Division of Co   |  |                                     |                             |  |          |
|--------------------------|--|--|-------------------------------------|-----------------------------|--|----------|
| SHR                      | IECT: SAFIRA   | CONSULTING INC                                 |                                     |                             |  |          |
| БОВ                      | <u></u>  | (Name of Res                                   | ulting Florida Limite               | d Com                       | apany)   |          |
|                          |  |  |                                     |                             | d fees are submitted to convert a coordance with s. 605.1045, F.S.     |          |
| Pleas                    | e return all corre   | espondence concerning                          | g this matter to:                   |                             |  |          |
| LIVIA                    | DELGADO  |  |                                     |                             |  |          |
|                          |  | (Contact Person)                               |                                     |                             |  |          |
| GENE                     | SIS TAX HOUSE  |  |                                     |                             |  |          |
|                          |  | (Firm/Company)                                 |                                     |                             |  |          |
| 411 S                    | E MIZNER BLVD  | STE 72   |                                     |                             |  |          |
|                          |  | (Address)                                      |                                     |                             |  |          |
| BOCA                     | A RATON, FL 3343   | 32   |                                     |                             |  |          |
|                          | •  | City, State and Zip Code)                      |                                     |                             |  |          |
|                          | elgado@genesistax  |  |                                     |                             |  |          |
| E-:                      | mail Address: (to b  | e used for future annual rep                   | port notifications)                 |                             |  |          |
| For fi                   | urther information   | on concerning this mat                         | tter, please call:                  |                             |  |          |
| LIVIA                    | DELGADO  |  | at ( <sup>954</sup>                 | 782-4                       | 000  |          |
|                          | (Name of Conta   | ct Person)                                     | (Area Code)                         | (Day                        | otime Telephone Number)  |          |
|                          |  | or the following amou<br>a bank located in the |                                     | rocess                      | sed by this office must be payab                                       | le in US |
| (\$25 f<br>& \$12        | 50.00 Filing Fees<br>or Conversion<br>5 for Articles<br>ganization)      | \$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing and Certified Copy |                             | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |          |
| Regis<br>Divis<br>Clifto | EET ADDRESS stration Section sion of Corporat on Building Executive Cent | ions   | Registra<br>Divisio<br>P. O. B      | ation S<br>n of C<br>ox 632 | Corporations   |          |

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2017

LIVIA DELGADO GENESIS TAX HOUSE 411 SE MIZNER BLVD STE 72 BOCA RATON, FL 33432

SUBJECT: SAFIRA CONSULTING LLC

Ref. Number: W17000007886

We have received your document for SAFIRA CONSULTING LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

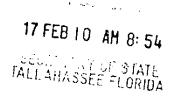
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 317A00001707

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#### **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 Busin SAFIRA CONSULTING INC                | ness Entity" immediately prior to the filing of the Articles of Conversion is:  |
|--|---|
| (I   | Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" i                                     | is a  |
|  | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
| First organized, formed or incorp                                    | porated under the laws of FLORIDA   |
| 05/23/201 <i>b</i>   | (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 Limit                                     | ted Liability Company as set forth in the attached Articles of Organization:  |
| SAFIRA CONSULTING LLC  |   |
| (Enter Nat   | me of Florida Limited Liability Company)  |
| 4. If not effective on the date of                                   | filing, enter the effective date:   |
| date this document is filed by the date listed in the attached Artic | be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective cles of Organization, if an effective date is listed therein.) does not meet the applicable statutory filing requirements, this date will not be listed as the runent of State's records. |
| 5. The plan of conversion has been                                   | en approved in accordance with all applicable statutes.   |

- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed this 19 day of JANUARY   | 2017   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Signature of Authorized Representative of Limited Liability Company:  |  |  |  |  |  |  |  |  |
| Signature of Authorized Representative:   | Title: MANAGER   |  |  |  |  |  |  |  |
| Signature(s) on behalf of Other Business Entity: [  | See below for required signature(s)                            |  |  |  |  |  |  |  |
| Signature: CONO ACUARIZO Printed Name: SLWGROUP LLC   | _ Title: PRESIDENT   |  |  |  |  |  |  |  |
| Signature:Printed Name:   |  |  |  |  |  |  |  |  |
| Signature:Printed Name:   |  |  |  |  |  |  |  |  |
| Signature: Printed Name:  |  |  |  |  |  |  |  |  |
| Signature:Printed Name:   | Title:   |  |  |  |  |  |  |  |
| Signature:Printed Name:   | Title:   |  |  |  |  |  |  |  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. |  |  |  |  |  |  |  |  |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.   | ty Partnership:  |  |  |  |  |  |  |  |
| If Florida Limited Partnership or Limited Liabilit<br>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 OF SAFIRA CONSULTING LLC

A Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes

#### <u>ARTICLE I – NAME</u>

The name of this Limited Liability Company shall be **SAFIRA CONSULTING LLC** (Hereinafter, "Company").

#### **ARTICLE II – ADDRESS**

The principal office address of this Company shall be: 1310 PARK CENTRAL BLVD S
POMPANO BEACH, FL 33064

and the mailing address of this Company shall be: SAME AS PRINCIPAL

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#### <u>ARTICLE III – INITIAL REGISTERED OFFICE AND AGENT</u>

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

GENESIS TAX HOUSE OF FLORIDA, LLC 411 SE Mizner Blvd Ste 72 Boca Raton, FL 33432

Genesis Tax House of Florida, LLC – Registered Agent Igor Gomes - Manager

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..

#### <u>ARTICLE IV – MANAGEMENT</u>

The name and address of each person authorized to manage and control the Limited Liability Company until the successors are elected and qualified in accordance with the regulations of this Company:

| NAME |      | <b>ADDRESS</b> |
|------|------|----------------|
|      | <br> |                |
|      |      |                |

SLWGROUP LLC Manager

1000 N WEST ST STE 1501 WILMINGTON, DE 19801

#### ARTICLE V - DURATION / TERM OF EXISTENCE

This Company shall commence its existence on the date of the filing of theses Articles with the Department of State. The existence shall be perpetual, unless the Company is earlier dissolved as provided in these Articles of Organization.

#### <u>ARTICLE VI –PURPOSE OF BUSINESS AND POWERS</u>

This Company may engage in any legal and lawful activity or business permitted under the laws of the United States and of this state. This Company may exercise all power and rights which a limited liability company may exercise under the Florida Limited Liability Company Act.

#### **ARTICLE VII – ADMISSION OF NEW MEMBERS**

No additional members shall be admitted to this Company except with the unanimous consent of the majority of the members of this Company and on the terms determined by these Articles of Organization.

#### <u>ARTICLE VIII – AMENDMENT</u>

These Articles of Organization may be amended in accordance with the Florida Limited Liability Company Act.

#### <u>ARTICLE IX – MEMBERS RIGHT TO CONTINUE BUSINESS</u>

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event that terminates the continued membership



of a member in this Company, the remaining members shall have the right to continue the business provided there is at least one remaining member.

#### ARTICLE XII - DISSOLUTION

This Company may be dissolved at any time on the affirmative vote of at least two thirds (2/3) of majority of the members of this Company entitled to vote thereon. On dissolution, the Company's property and assets shall, after payment of all debts of the Company, be distributed to the members according to the preceding contribution of each one to the capital of this Company.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

January 19, 2017.

SI WGROUP LIC

Member or Authorized Representative of a Member

SECRE LANT DE STATE

