# U1000101453

| (Requ                      | uestor's Name) |             |
|----------------------------|----------------|-------------|
| (Addi                      | ess)           |             |
| (Addı                      | ress)          |             |
| (City/                     | State/Zip/Phon | e #)        |
| PICK-UP                    | WAIT           | MAIL        |
| (Busi                      | ness Entity Na | me)         |
| (Doc                       | ument Number   | )           |
| Certified Copies           | Certificate    | s of Status |
| Special Instructions to Fi | ling Officer:  |             |
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Office Use Only



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# **COVER LETTER**

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: B & G SOLUTIONS USA, LLC  |
| (Name of Resulting Florida Limited Company)  |
| The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.   |
| Please return all correspondence concerning this matter to:  |
| Liliana Leal   |
| (Contact Person)   |
| B & G SOLUTIONS USA, LLC   |
| (Firm/Company)   |
| 2000 PONCE DE LEON BOULEVARD, SUITE 600  |
| (Address)  |
| CORAL GABLES, FL, 33134  |
| (City, State and Zip Code)   |
| liliana@bgsolutionsusa.com   |
| E-mail Address: (to be used for future annual report notifications)  |
| For further information concerning this matter, please call:   |
| Liliana Leal at ( 786 ) 542-3137   |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number)  |
| Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)   |
| \$150.00 Filing Fees (\$25 for Conversion & Status St |
| STREET ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center  Circle Tallahassee, FL  32301  MAILING ADDRESS:  New Filing Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314   |

### **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.

|   | olutions usa, ilc <u>M15-4166</u> . e of Other Business Entity)   |
|---|---|
| (Enter Name   | e of Other Business Entity)   |
| 2. The "Other Business Entity" is a   | Limited Liability Company   |
| (Enter  | entity type. Example: corporation, limited partnership, eral partnership, common law or business trust, etc.)   |
| First organized, formed or incorporated un  | nder the laws of Delaware   |
| on 04/17/2015 (date of organization, formation or incorporat                        | (Enter state, or if a non-U.S. entity, the name of the country)   |
| (date of organization, formation or incorporat                                      | on)   |
|   | lity Company as set forth in the attached Articles of Organization:   |
| (Enter Name of Flori  | da Limited Liability Company)   |
| after the date this document is filed by the effective date listed in the attached. | to date of receipt or filed date nor more than 90 calendar days the Florida Department of State; AND 2) must be the same as Articles of Organization, if an effective date is listed therein.) eet the applicable statutory filing requirements, this date will not be listed as the ate's records. |
| 5. The plan of conversion has been approx   | ved in accordance with all applicable statutes.   |
|   | "has agreed to pay any members having appraisal rights the amount to s. 605.1006 and 605.1061-605.1072, F.S.  |
|   | RIA T   |

| Signed this day of  |  |  |
|---|--|--|
| Signature of Anthorized Representative of Limi  |  |  |
| Signstance of Authorized Donnesantatives Cold   | ana Leh  |  |
| Signature of Authorized Representative: Liliana Leal  | Title: President   |  |
| Signature(s) on behalf of Other Business Entity:  |  |  |
| Signature: Liliana Leas   | Title President  |  |
| 11 1  | •  |  |
| Signature: Printed Name: Aberto Leal  | Title: Vice President  |  |
| Signature: Printed Name:  | Title:   |  |
|   |  |  |
| Signature:Printed Name:   |  |  |
| Signature: Printed Name:  | Title:   |  |
| Signature:Printed Name:   |  |  |
| Printed Name:   | Title:   |  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | corporator must sign.  |  |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.   | tv Partnership:  |  |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.   | ty Limited Partnership:  | •  |
| All others: Signature of an authorized person.  |  | 21 CA  |
| Fees:   |  | 77   |
| 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) | 16 AM 9: 2  RESERVED STATES RESERVED TO STATE RE |
|   |  | ည္m ယ<br>>>  |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |  |
|---|--|
| B & G SOLUTIONS USA,  |  |
|   |  |
| (Must contain the words "Limited Liability  | ty Company, L.L.C., or LLC.)   |
| ARTICLE II - Address: The mailing address and street address of the p   | orincipal office of the Limited Liability Company is:  |
| Principal Office Address:   | Mailing Address:   |
| 2000 PONCE DE LEON BOULEVARD, SUITE 600   | 2000 PONCE DE LEON BOULEVARD, SUITE 600  |
| CORAL GABLES, FL, 33134   | CORAL GABLES, FL, 33134  |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the | stered Agent. You must designate an individual or another  |
| The name and the tested successful and  | rogistores agont are.  |
| Liliana Leal<br>Nam   |  |
| inain   | ie   |
| 2000 PONCE DE LEON BOU  | ·  |
| Florida street address (P.C   | J. Box NOT acceptable)   |
| CORAL GABLES  | FL 33134   |
| City  | Zip  |
| liability company at the place designated i<br>registered agent and agree to act in this capa<br>statutes relating to the proper and complete   | to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S |
| Registered Agent's Sig  | enature (REOUIRED)   |
|   | FILED  TAMATION AT ST  |

| <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:  |  |    |
|--|--|--|----|
| "MGR" = Manager  | Alberto Leal   |  |    |
|  | 2400 s red rd. Miami, FL, 33155  | _<br><del>_</del>  |    |
| MOD  | Liliana Leal   | ~  |    |
| MGR  | 2400 s red rd, Miami, FL, 33155  |  |    |
|  |  | <del>-</del>   |    |
|  |  | <b></b>  |    |
|  |  | _  |    |
| The state of the s |  |  |    |
|  |  | <del></del>  |    |
|  |  |  |    |
| (Use attachment if necessary)  FICLE V: Effective date, if other than to   | the date of filing: 05/20/2017 . (OPT  | IONAL  | -  |
| FICLE V: Effective date, if other than to effective date is listed, the date murto or 90 calendar days after the date  | st be specific and cannot be more than five buse of filing.) t the applicable statutory filing requirements, this date will r  | iness d  | ay |
| TICLE V: Effective date, if other than to n effective date is listed, the date mur to or 90 calendar days after the date. If the date inserted in this block does not mee  | st be specific and cannot be more than five buse of filing.) t the applicable statutory filing requirements, this date will r  | iness d  | ay |
| ricle V: Effective date, if other than to n effective date is listed, the date mur to or 90 calendar days after the date. If the date inserted in this block does not mee nent's effective date on the Department of State   | st be specific and cannot be more than five buse of filing.) t the applicable statutory filing requirements, this date will re's records.  | iness d  | ay |
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| TICLE V: Effective date, if other than to a effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not mee ment's effective date on the Department of State FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:   | st be specific and cannot be more than five buse of filing.) t the applicable statutory filing requirements, this date will re's records.  | not be list  | ay |
| ricle V: Effective date, if other than to n effective date is listed, the date mure to or 90 calendar days after the date. If the date inserted in this block does not mee ment's effective date on the Department of State.  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb. This document is executed in I am aware that any false inforconstitutes a third degree felor  | est be specific and cannot be more than five buse of filing.) It the applicable statutory filing requirements, this date will re's records.  Per or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes, rimation submitted in a document to the Department of State my as provided for in s.817.155, F.S. | iness district be list on be list | ay |
| TICLE V: Effective date, if other than to a effective date is listed, the date mur to or 90 calendar days after the date. If the date inserted in this block does not mee ment's effective date on the Department of State.  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb This document is executed in I am aware that any false inforconstitutes a third degree felor  | est be specific and cannot be more than five buse of filing.) It the applicable statutory filing requirements, this date will re's records.  Per or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes, rimation submitted in a document to the Department of State                                       | iness district be list on be list | ay |

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

ARTICLE IV-