L17000110452

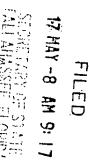
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	·
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000298806970

0002988866570 05/08/17--01044--020 ***370.00



T. BURCH MAY 2 2 2017

COVER LETTER

TO:	New Filing S Division of C				
SHRI	ECT: HORIZO	N RE CORP			
SUL			ulting Florida Limite	ed Con	npany)
			_		nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concerning	g this matter to:		
NATA	ALIA MEDEIROS				
		(Contact Person)	·		
CSG -	CAPITAL SERV	ICES GROUP, INC			
		(Firm/Company)	<u></u> -		
446 W	HILLSBORO BI	_VD			
		(Address)			
DEER	FIELD BEACH, I	FL 33441			
	((City, State and Zip Code)			
NATA	LIA@THEWAY	GROUP.BIZ			
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fi	ırther informati	on concerning this ma	tter, please call:		
NATA	ALIA MEDEIROS		at (954	427-4	4770 ytime Telephone Number)
	(Name of Conta	act Person)	(Area Code)	(Day	ytime Telephone Number)
		for the following amount a bank located in the	•	roces	sed by this office must be payable in US
(\$25 fc & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILI	NG A	ADDRESS:
	Filing Section		New Fi	_	
	ion of Corporat on Building	tions	Divisio P. O. B		Corporations 27
	Executive Cent	ter			FL 32314

32301

Circle Tallahassee, FL

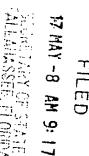
Articles of Conversion

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: HORIZON RE CORP
(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
07/05/2016 (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:
HORIZON RE 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 calendar 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.
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 04 day of MAY	20_17
Signature of Authorized Representat	ive of Limited/Liability Company:
Signature of Authorized Representative Printed Name: MARCELO CESARINI	::Title: AMBR
Signature(s) on behalf of Other Busine	ss Entity: [See below for required signature(s)]
Signature:	<u></u>
Printed Name: MARCELO CESARINI	Title: PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	TW.
Printed Name:	Title:
Signature:	77.1
Printed Name:	Title:
Signature:	Title:
rimed Name.	Title:
Signature:	Title:
	Thie.
If Florida Corporation: Signature of Chairman, Vice Chairman, I If Directors or Officers have not been sel	
If Florida General Partnership or Lim Signature of one General Partner.	ited Liability Partnership:
If Florida Limited Partnership or Liming Signatures of ALL General Partners.	ited Liability Limited Partnership:
All others: Signature of an authorized person.	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

of the Limited Liability Company is:
ddress:
SS CLUB DR 402
BEACH, FL 33060
nt are:
cceptable)
cceptable)

Registered Agent's Signature (REQUIRED)

D	ТІ		137

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

"AMDD" = Authorized Manches	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	MARCELO CESARINI
	140 CYPRESS CLUB DR
	POMPANO BEACH, FL 33060
AMBR	HIGH POWER S.R.L.
	VIA NUOVA CIRCONVALLAZIONE 27 RIMINI
	RN 47900 IT
	<u> </u>
	<u>.</u>
(Use attachment if necessary) ICLE V: Effective date, if other than	n the date of filing: . (OPTIONA
ICLE V: Effective date, if other than a effective date is listed, the date me to or 90 calendar days after the date of the date inserted in this block does not me dent's effective date on the Department of St.	tust be specific and cannot be more than five business of the of filing.) eet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than effective date is listed, the date m to or 90 calendar days after the da If the date inserted in this block does not meent's effective date on the Department of St.	tust be specific and cannot be more than five business of the of filing.) eet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than effective date is listed, the date m to or 90 calendar days after the da If the date inserted in this block does not meent's effective date on the Department of St.	tust be specific and cannot be more than five business of the of filing.) eet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than effective date is listed, the date m to or 90 calendar days after the da If the date inserted in this block does not me	tust be specific and cannot be more than five business of the of filing.) eet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than effective date is listed, the date m to or 90 calendar days after the da If the date inserted in this block does not ment's effective date on the Department of St. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment This document is executed I am aware that any false inf	tust be specific and cannot be more than five business of the of filing.) eet the applicable statutory filing requirements, this date will not be list

Typed or printed name of signee