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(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:

Office Use Only



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T SCHROEDER

COVER LETTER

TO:	New Filing Son Division of C				
SUBJ	ECT: G & B A	MERICAS LLC			
5000			sulting Florida Limit	ed Con	npany)
					nd fees are submitted to convert an "Other ecordance with s. 605.1045. F.S.
Please	return all corre	espondence concernin	g this matter to:		
RUBY	BELL.				
		(Contact Person)			
AGEN	TS AND CORPO	RATIONS, INC			
		(Firm/Company)			
1201 N	l ORANGE ST, S	SUITE 600			
		(Address)			
WILM	INGTON, DE 198	301			
	((City, State and Zip Code)			
IANPE	ERCHIK@GMAII	COM			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call:		
RUBY	BELL		at (302	575-0	0877
	(Name of Conta	ct Person)		(Day	ytime Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop.		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	ET ADDRESS	S:	MAILI	NG A	ADDRESS:
New Filing Section			New Filing Section		
	on of Corporati	ions			Corporations
	n Building Executive Cent	er Circle	P. O. Bo Tallaha		FL 32314
		- · - • • • • •	1 6411641164		

Tallahassee, FL 32301

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 fe'lowing "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: G & B AMERICAS LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
JULY 10, 2013
On [date of organization, formation or incorporation]
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
G & B AMERICAS LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 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.)
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 as 605 1006 and 605 1061 605 1072. E.S.

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Signed thi	is 7th day of August	20 <u>17</u>
Signature	e of Authorized Representative of L	imited Liability Company:
		ML
Signature	of Authorized Representative:	1/1/2
Printed Na	ame: HORACIO SCHUTT	Title: MANAGER
Signature	(s) on behalf of Other Business Entit	v: [See below for required signature(s)]
Signature:	X Mu	
Printed Na	ame: HORACIO SCHUTT	Title: MANAGER
0.		
Signature:		Title:
Printed N	ame:	1 itte:
Signature		
Printed Na	une:	Title:
Signature:		
Printed Na	me:	Title:
		·
Signature:		
Printed Na	ame:	Title:
Cionatura		
Drinted No		Title:
T TIMOG INC	une	11000
If Florida	Corporation:	
	of Chairman, Vice Chairman, Director,	or Officer.
If Director	s or Officers have not been selected, an	Incorporator must sign.
		·
	General Partnership or Limited Lia	bility Partnership:
Signature	of one General Partner.	
rem	** ** ** ** ** ** ** ** ** ** ** ** **	
Li Florida	Limited Partnership or Limited Liai	bility Limited Partnership:
Signatures	of ALL General Partners.	
All others	•	
	= of an authorized person.	
.	person.	
Fees:		
Ar	ticles of Conversion:	\$25.00
	es for Florida Articles of Organization	
	rtified Copy:	\$30.00 (Optional)
Ce	rtificate of Status:	\$5.00 (Optional)

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ARTICLE I - Name:	
The name of the Limited Liability Compan	ny is:
G & B AMERICAS LLC	
(Must contain the words "Limited Li	Liability Company, "L.I.,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20355 NE 34TH CT, APT #224	
AVENTURA, FL 33180	
the Limited Liability Company cannot serve as its own for business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	the registered agent are:
HORACIO SCHUTT	
N	Name
20355 NE 34TH CT, APT #	#27.4
	(P.O. Box NOT acceptable)
AVENTURA	FI_ 33180
City	Zip
Having been named as registered agent at liability company at the place designate	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as
registered agent and agree to act in this ca statutes relating to the proper and compl	capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605. F.S
registered agent and agree to act in this ca statutes relating to the proper and compl accept the obligations of my position a	plete performance of my duties, and I am familiar with and

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:				
MGR - Manager	HORACIO SCHUTT				
	20355 NE 34TH CT. APT #224				
	AVENTURA, FL. 33180				
(Use attachment if necessary)					
ICUT N. Od.					
ICLE V: Other provisions, if any.					
$\Delta I A$	1/				
REQUIRED SIGNATURE:	M_{\odot}				
	(/)				
Signature					
This document is executed in accordance	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, I am aware the				
any false information submitted in a doc	cument to the Department of State constitutes a third degree felor				

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)