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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	 -
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COVER LETTER

TO:	New Filing S Division of C					
SURJ	FCT. CELINTE	ERNATIONAL LLC				
SOD		(Name of Res	sulting Florida Li	mited Co	mpany)	
					nd fees are submitted to con- accordance with s. 605.1045	
Pleas	e return all corr	espondence concernin	g this matter to) :		
SAND	DRA B. MASSO					
		(Contact Person)				
PEAK	CORP					
		(Firm/Company)				
16475	GOLF CLUB RD	SUITE # 304				
		(Address)	•			
WES7	ON, FL. 33326					
	(1	City, State and Zip Code)		_		
peaked	orp@hotmail.com					
E-r	mail Address: (to b	e used for future annual re	port notifications)		
For fi	ırther informati	on concerning this ma	tter, please cal	1:		
SAND	RA B. MASSO		at (³⁰⁵)282-	8251	
	(Name of Conta	iet Person)	(Area Co	de) (Da	ytime Telephone Number)	
		or the following amou a bank located in the			ssed by this office must be pa	ayable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 File and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clifte 2661	EET ADDRES Filing Section ion of Corporat on Building Executive Cent hassee, FL 323	ions er Circle	New Divi P. O	Filing S sion of G . Box 63	Corporations	

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(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)
05/16/2013 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:
CEI INTERNATIONAL 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 ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 19	day of August	20_17
	horized Representative of Li	
Signature of Auth Printed Name: MAI	orized Representative:	Title: AMBR
Signature(s) on be	ehalf of Other Business Entity	: [See below for required signature(s)]
Signature:	CITY = 1	Title: _D
1 1		
Printed Name: VA	NESSA C. RODRIGUES	Title: VPTD
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
	ation: man, Vice Chairman, Director, o cers have not been selected, an	
If Florida Genera Signature of one G	<u>l Partnership or Limited Liab</u> eneral Partner.	ility Partnership:
If Florida Limited Signatures of ALL	l Partnership or Limited Liab General Partners.	ility Limited Partnership:
All others: Signature of an aut	horized person.	
Fees:		
		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
CEI INTERNATIONAL LLC				
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")			
ADVICERTEAL				
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited	Liability	/ Comr	nany is:
The maning address and offeet address of the pr	morpar office of the Emitted	Diadinity	Comp	ж.
Principal Office Address:	Mailing Address:			
2625 WESTON RD	2625 WETON RD			
WESTON FL. 33326	WESTON FL 33326			
	· · · · · · · · · · · · · · · · · · ·		_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	cred Agent. You must designate an in			
PT AV CORP				
PEAK CORP Name				
Name	;			
16475 GOLF CLUB RD				
Florida street address (P.O	Box NOT acceptable)			
WESTON	FL33326			
City	Zip			
	p			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby acc ity. I further agree to comply performance of my duties, and	ept the ap with the d I am far	pointn provis niliar v	ient as ions of all with and
Taudial 2	Tauw			
Registered Agent's Sign	ature (REQUIRED)		17 AUG	
		.•	<u>ن</u> ق د	· .
(CONTIN	UED)	*. ** -> -	(C)	
			25	i:
		2. 22.	9.2	. 2

Title:	Name and Address:	
"AMBR" = Authorized Membe		
"MGR" = Manager		
AMBR	MARCIO J RODRIGUES	
	1547 PASSION VINE CIRCLE	
	WESTON FL 33326	
AMBR	VANESSA C. RODRIGUEZ	
	1547 PASSION VINE CIRCLE	<u> </u>
	WSTON FL. 33326	- E
		
		2 V 5 V 5 V 5 V 5 V 5 V 5 V 5 V 5 V 5 V
		
ffective date is listed, the date days after the date of filing.)	nan the date of filing: must be specific and cannot be more than fiv	. (OPTIONA ve business d
LE V: Effective date, if other the ffective date is listed, the date days after the date of filing.)	must be specific and cannot be more than fix t meet the applicable statutory filing requirements, this d f State's records.	. (OPTIONA ve business d
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CLE V: Effective date, if other the ffective date is listed, the date days after the date of filing.) the date inserted in this block does not's effective date on the Department of the VI: Other provisions, if any Signature of a mathematical This document is executed an aware that any false	ember or an authorized representative of a red in accordance with section 605.0203 (1) (b), Florida Striffermation submitted in a document to the Department felony as provided for in s.817.155, F.S.	. (OPTIONA ve business d late will not be

ARTICLE IV-