11700 202 827

(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:

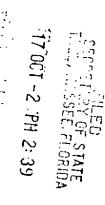
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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE
MIAMI, FL 33165 (305) 552-5973

17 OCT -2 PH 2: 39

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	ALEJORGAL I	NUESTMENTS CORB
-· -	(Corporation Name)	(Document #)
2	(Corporation Name)	(Document #)
3	(Corporation Name)	(Document #)
4	(Corporation Name)	(Document #)
5.	(Corporation Name)	(Document #)
6	(Corporation Name)	(Document #)
7	(Corporation Name)	(Document #)
	☐ Mail out ☐ Will wait	O ⊘

CR2E031 (4/13)

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

STENTY WY EF STATE
THE TOTAL TO BE 2: 39

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: ALEJORGAL INVESTMENTS 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
JULY 8TH, 2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ALEJORGAL INVESTMENTS 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 25TH day of SEPTEMBER	<u>1</u> 20 <u>17 </u>
Signature of Authorized Representative of Limit	i Ind Liability Componer
Signature of Authorized Representative:X	Ath / Sun-
Printed Name: ANTONIO GARCIA	Tida: M/a/2
Fillited Walle, ANYONIO GARCIA	- ritte. 1410 10
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: X thtm / Sai	
Printed Name: ANTONIO GARCIA	Title: P
The Politic U.S. Color	T 11100 <u>-</u>
Signature:	I .
Printed Name:	Title:
Signature:	<u> </u>
Printed Name:	Title:
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Printed Name:	Title:
Signature:	
Printed Name:	Title:
Ciamatus.	i I
Signature:	I mia
Printed Name:	<u> 1</u> 11de:
If Florida Corporation:	I
Signature of Chairman, Vice Chairman, Director, or (1 Officer
If Directors or Officers have not been selected, an Inc	corporator must sign
The second of th	orporator must sign.
If Florida General Partnership or Limited Liabilit	y Partnership:
Signature of one General Partner.	!
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.] : [
P.	
Fees:	•
A .' 1 . CO	!
Articles of Conversion:	
Fees for Florida Articles of Organization:	1
Certified Copy:	
Certificate of Status:	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:	
The name of the Limited Liability Co	mpany is:
ALEJORGAL INVESTMENTS LLC	
(Must contain the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	!
The mailing address and street addres	ss of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2121 PONCE DE LEON BLVD	2121 PONCE DE LEON BLVD
SUITE 1050	SUITE 1050
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
(The Limited Liability Company cannot serve as i business entity with an active Florida registration	,
The name and the Florida street addre	ess of the registered agent are:
CONSULTING SER	Name
2121 PONCE DE LE	FON BLVD SHITE 1050

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..

Registered Agent's Signature (REOUIRED)

Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

	authorized to manage and control the Limited Liability
Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Consulting Samilars of South Florida Inc
MGR	Consulting Services of South Florida, Inc. 2121 Ponce de Leon Blvd. Suite 1050
	Coral Gables, FL 33134
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(Use attachment if necessary)	
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LE V: Other provisions, if any.	
CLE V: Other provisions, if any.	I
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	1 1 1
	Anthon Sain
REQUIRED SIGNATURE:	Andrew Sain
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Signature of a member or a This document is executed in accordance any false information submitted in a docur	with section 605.0203 (1) (b), Florida Statutes. I am aware that
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