L1800053390

•
(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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02/27/18--01029--008 **150.00

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2010 FEB 27 PM 4: 57

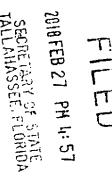
SECRETARY CS STATE
AND ANACSSES SE CONTO

4R - 2 2018

COVER LETTER

Division of C				
SUBJECT: One - Or	e Trade LLC			
pobuber		sulting Florida Limit	ed Con	npany)
Business Entity" into	o a "Florida Limited L	iability Company		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	respondence concernin	g this matter to:		
Horacio Sosa, Esq.				
	(Contact Person)			
Horacio Sosa P.A.				
	(Firm/Company)			
2924 Davie Rd # 102				
	(Address)			
Davie, FL 33314				
(City, State and Zip Code)			
hsosa@sosalegal.com				
E-mail Address: (to b	oe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Horacio Sosa	•	at (⁹⁵⁴	532 94	time Telephone Number)
(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amou a bank located in the	•	rocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG A	.DDRESS:
New Filing Section		New Fi	_	
Division of Corporat	ions			orporations
Clifton Building	tor Cirolo	P. O. Be		
2661 Executive Cent Tallahassee, FL 323		i anana:	ssee, f	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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: One - One Trade INC. PIL- 2699
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Florida Profit 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
(Enter state, or if a non-U.S. entity, the name of the country)
3/24/201 ! 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:
One-One Trade 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 13 day of Jebnary	20_18
Signature of Authorized Representative of Limite	
Signature of Authorized Representative: Lucas Printed Name: TUAN Fernando Restrepo	Title: D. US
Signature(s) on behalf of Other Business Entity: [S	see below for required signature(s)]
Signature: Lean Job Dies French Printed Name: Jung Fernando Res French	PTitle: D.D. J.
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	fficer. rporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the L	me: îmited Liability Company is	:
	Trade, LLC ust contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Ac		rincipal office of the Limited Liability Company is:
Principal Office A	Address:	Mailing Address:
485 Bri	ckell Ave 12109	485 Brickell Ave, 2109 Miami, FL 33131
(The Limited Liability Co	egistered Agent, Registere impany cannot serve as its own Regis active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the l	Florida street address of the	registered agent are:
	Maria Patricio	a Vidal Acosta
	Nam	e
	485 Brickell	Ave, 2109
	Florida street address (P.C	
	Miami City	FL33 131
	City	Zip
		o accept service of process for the above stated limite

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 (REQUIRED)

(CONTINUED)

	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address.
"MGR" = Manager _ MG2	Maria Patricia Vidal Acosta
NOK	485 Brickel Ave, 2109
	Miami, FL 33131
MGR	Jun F. Restrepo
	485 Brickel Ave, 2109
	Mjami, IL 33131
(Use attachment if necessary)	
	•
TICLE V: Other provisions, if any.	
TICLE V: Other provisions, if any.	
FICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	Parm fidel A
Signature of a member or This document is executed in accordance any false information submitted in a docu	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 This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	e 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 This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S. Maria Patricia	e with section 605.0203 (1) (b), Florida Statutes. I am aware that uncent to the Department of State constitutes a third degree felony a Vidal Acosta
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Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. Maria Patricia	e with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony a Vidal Acosta

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

ARTICLE IV-