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Special Instructions to F	iling Officer:	

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M. MOON MAR 20 2010 FILED 18 MAR 19 AM 8: 22 SECILIARY CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	:	120000000	195
REFERENCE	:	093474	8113026
AUTHORIZATION	:	Spullet	ena ,
COST LIMIT	:	\$ 150.00	

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- ORDER DATE : March 2, 2018
- ORDER TIME : 12:57 PM
- ORDER NO. : 093474-020
- CUSTOMER NO: 8113026

DOMESTIC AMENDMENT FILING

NAME: INTERATEC, LLC

EFFECTIVE DATE:

XX____ ARTICLES OF AMENDMENT _____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS:

<u>Articles of Conversion</u> For <u>"Other Business Entity"</u> 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 \$.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: INTERATEC, 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)

10/14/2016 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:

INTERATEC, 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 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) <u>Note:</u> 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.

Page 1 of 2



Signee	1 this	day of		_ 20	
				ed Liability Company:	
Signat	ure of Authori	zed Representativ	/e:	Tile: Member	
Printee	d Name: Jose Lu	iis Duran		_ Title: <u>Member</u>	
Signal	u <u>rc(s) on beh</u>	alf of Other Busin	iess Entity: [See below for required s	signature(s)]
Signat	ure:	lenter			
Printeo	d Name: JOSE	Luis Dunak	ــــــــــــــــــــــــــــــــــــــ	_ Title:	
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	rid <u>a Corporat</u>				
		in. Vice Chairman.			
n Dire	ctors or Office	rs have not been so	elected, an Inc	orporator must sign.	
If Flo	<u>rida General F</u>	Partnership or Li	<u>mited Liabilit</u>	<u>v Partnership:</u>	
Signat	ure of one Gen	eral Partner.			
If Flor	rida Limited P	artnershin or Lir	nited Liabilit	v Limited Partnership:	
Signat	ures of <u>ALL</u> G	eneral Partners.		· Endered Y arther sinp.	
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<u>All ot</u> Signat	<u>ners:</u> ure of an autho	rized person			
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Fees:					
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	Articles of C	onversion: ida Articles of Or	muintion	\$25.00 \$125.00	
	Certified Cor		gamzauon.	\$125.00 \$30.00 (Optional)	
	Certificate of	-		S5.00 (Optional)	
		-			

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Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

INTERATEC, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
2577 Mayfair Lane	2577 Mayfair Lane		
Weston, FL 33327	Weston, FL 33327		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

	Name
1201 Hays Street	
Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)
Fallabassee	FL 32301
Citv	Zip

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..

Corporation Service Company, Registered Agent

QU

Roxanne Turner Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



ARTICLE IV-

· · · ·

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	' <u>Name and Address:</u>
AMBR	Jose Luis Duran
	2577 Mayfair Lane
_MGR	Carlos Dumith
	2577 Mayfair Lane
	Weston, FL 33327
MGR	. Luis Gondelles
<u></u> _	2577 Mayfair Lane
	Weston, FL 33327
MGR	
<u></u>	Marcos Taurel
	2577 Mayfair Lane
	Weston, FL 33327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

 Σ of e is 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.

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ICLE VI: Other provisions, if any.		
		<u>ب</u> خرق
REQUIRED SIGNATURE:	$O \cap K$	To: AH To: 8
· •	awkul	
This document is executed I am aware that any false in	ber or an sutherized represent: In a produce with section 605.0203 (1) formit ion submitted in a document to the lony as provided for in s.817.155, F.S.	(b), Florida Statutes.
Jose Luis Duran	· · · · · · · · · · · · · · · · · · ·	
	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) Page 2 of 2