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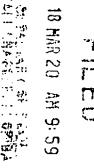
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
(Address)  (City/State/Zip/Phone #)
(Address)  (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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## **COVER LETTER**

TO:	New Filing Son Division of C				
SUR	JECT: FRANQU	JEIRA INVESTMENTS, L	LC		
OOD		JEIRA INVESTMENTS, L (Name of Res	ulting Florida Limite	ed Con	npany)
			•		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	se return all corr	espondence concerning	g this matter to:		
MAN	UEL A. PEREZ, E	SQ.			
		(Contact Person)			
HAR	PER MEYER PERI	EZ HAGEN O'CONNOR A	ALBERT & DRIBD		
-	-	(Firm/Company)			
201 S	BISCAYNE BLVI	D., SUITE 800			
		(Address)			
MIAS	MI, FLORIDA 3311	31			
	((	City, State and Zip Code)			
MPEI	REZ@HARPERMI	EYER.COM			
E-	mail Address: (to b	e used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call:		
MAN	UEL A. PEREZ		at ( 305	577-3	443
	(Name of Conta	ict Person)	(Area Code)	(Day	443
		or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 f & \$13	50.00 Filing Fees for Conversion 25 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STR	EET ADDRES	S:	MAILI	NG A	ADDRESS:
	Filing Section		New Fi		
	sion of Corporat	ions			Corporations
	on Building	6: 1	P. O. Be		
200 l	Executive Cent	er Circle	Lallaha:	ssee,	FL 32314

Tallahassee, FL 32301

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

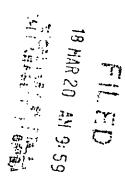
#### Florida Limited Liability Company

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:  FRANQUEIRA INVESTMENTS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  (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)
SEPTEMBER 2, 2015 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: FRANQUEIRA 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 10 day of MARCH	20_18
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: MANUEL A. PEREZ	Title: AUTHORIZED REPRESENTATIV
Signature(s) on behalf of Other Business Entity: 1	See below for required signature(s)]
Signature: NANUEL A. PEREZ	Title: AUTHORIZED REPRESENTATIV
Signature: / Printed Name:	
Signature:Printed Name:	The state of the s
Signature:Printed Name:	Tr. L.
Printed Name:	Title:
Signature:Printed Name:	Title
Trined Paine.	
Signature:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$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:	
FRANQUEIRA INVESTMENTS, LLC	
(Must contain the words "Limited Liability	(Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
C/O 201 S. BISCAYNE BLVD. SUITE 800 MIAMI, FLORIDA 33131	201 S. BISCAYNE BLVD., SUITE 800 MIAMI, FLORIDA 33131
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerusiness entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
LAW CENTER OF THE AMERI	ICAS LLC
Name	•
201 S. BISCAYNE BLVD., SUIT	
Florida street address (P.O.	. Box <u>NOT</u> acceptable)
MIAMI	FL 33131
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alperformance of my duties, and I am familiar with and eistered agent as provided for in Chapter 605, F.S

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR Wanager	SANTISIMA TRINIDAD (BVI), INC.
	201 S. BISCAYNE BLVD. SUITE 800
	MIAMI, FL 33131
<u> </u>	
	<del></del>
(Use attachment if necessary)	A Company of the Comp
(Ose attachment if necessary)	
LE V: Other provisions, if any.	ر به ن به
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/ /	e de la companya de l
REQUIRED SIGNATURE://	¶ u
////6\!\\	
Signature/of a member or	an authorized representative of a member
any false information submitted in a dodu	with section 605.0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	
,	DIEDDE CENT ATUVE
MANUEL A DEDEZ AUTHODIZENT	
MANUEL A. PEREZ. AUTHORIZED F	ped or printed name of signee