LISSE	Le 94783
(Requestor's Name) (Address)	100312161861
(Address) (City/State/Zip/Phone #)	04/18/1801005005 **180.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	18 APR
Special Instructions to Filing Officer:	PR 18 AM 10: 58
Office Use Only	FILED 18 APR 18 PH 2: 52 SECTION OF AN INF
M. MOON APR 1 8 2018	

. . . 1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Office Use Only Email: filing@ecfsfiling.com CORPORATION NAME(S) & DOCUMENT NUMBERS(S): 1. Sunshine Invisiment of Kliami (DOCUMENT #) (CORPORATE NAME) ' 180000 1 991 82 2. (DOCUMENT #) (CORPORATE NAME) 3. (DOCUMENT #) (CORPORATE NAME) Pick up time: _____ Certified Copy Certificate Of Status -<u>,</u>,,, Walk-In ŝ ទ New Filings Other Filings Amendments Annual Report Profit Amendments Resignation Fictitious Name Non-Profit Limited Liability Dissolution/Withdrawal Apostille: Other: Other: Other: CONVERSION

Examiners Initials



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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 Con SUNSHINE INVESTMENT OF MIAMI INC.	wersion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	usiness trust, etc.)
FLORIDA	
FLORIDA First organized, formed or incorporated under the laws of	he country)
on <u>02/28/2018</u> (date of organization, formation or incorporation)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C)rganization:
SUNSHINE INVESTMENT OF MIAMI LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	

- 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 mount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

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(_____

Signed this 22	day of MARCH	20 <u>18 .</u>	
		limited Liability Company:	
Printed Name: <u>BARB</u>	ARA HERNANDEZ	Title: AMBR	
		tv: [See below for required signature]	(s)]
Signature: <u>Balle</u>	m		
Printed Name: BARB	SARA HERNANDEZ	Title: AMBR	
Signature: Paka	t Buhannain	Title: AMBR	
Signature: <u>Pellede</u> Printed Name: <u>PHILI</u>	IP A. HERNANDEZ	Title: AMBR	
Sionature:			
Printed Name:		Title:	
Signature:		TT: 1	
		Title:	
Signature:		Title:	
runca came			
	<u>ition:</u>	r or Officer	
If Florida Corpora Signature of Chairm	ian. Vice Chairman. Directo		
Signature of Chairn	han. Vice Chairman. Directo eers have not been selected, a	an Incorporator must sign.	
Signature of Chairn If Directors or Offic If Florida General	eers have not been selected, a	an Incorporator must sign.	
Signature of Chairn If Directors or Offic <u>If Florida General</u> Signature of one Ge	eers have not been selected, a <u>Partnership or Limited Li</u> eneral Partner.	an Incorporator must sign. j <u>ability Partnership:</u>	
Signature of Chairn If Directors or Offic <u>If Florida General</u> Signature of one Ge	eers have not been selected, a <u>Partnership or Limited Li</u> eneral Partner. <u>Partnership or Limited Li</u>	an Incorporator must sign.	
Signature of Chairn If Directors or Offic <u>If Florida General</u> Signature of one Ge <u>If Florida Limited</u> Signatures of <u>ALL</u>	eers have not been selected, a <u>Partnership or Limited Li</u> eneral Partner. <u>Partnership or Limited Li</u>	an Incorporator must sign. j <u>ability Partnership:</u>	
Signature of Chairn If Directors or Offic <u>If Florida General</u> Signature of one Ge If Florida Limited	eers have not been selected, a <u>Partnership or Limited Li</u> eneral Partner. <u>Partnership or Limited Li</u> General Partners.	an Incorporator must sign. j <u>ability Partnership:</u>	18 PALL
Signature of Chairn If Directors or Offic <u>If Florida General</u> Signature of one Ge <u>If Florida Limited</u> Signatures of <u>ALL</u> All <u>others:</u>	eers have not been selected, a <u>Partnership or Limited Li</u> eneral Partner. <u>Partnership or Limited Li</u> General Partners.	an Incorporator must sign. j <u>ability Partnership:</u>	18 APR BALLAPA
Signature of Chairn If Directors or Offic <u>If Florida General</u> Signature of one Ge <u>If Florida Limited</u> Signatures of <u>ALL</u> <u>All others:</u> Signature of an auth <u>Fees:</u>	eers have not been selected, a <u>Partnership or Limited Li</u> eneral Partner. <u>Partnership or Limited Li</u> General Partners.	an Incorporator must sign. j <u>ability Partnership:</u>	18 APR 18 SECTION
Signature of Chairn If Directors or Offic <u>If Florida General</u> Signature of one Ge <u>If Florida Limited</u> Signatures of <u>ALL</u> <u>All others:</u> Signature of an auth <u>Fees:</u> Articles of	eers have not been selected, a <u>Partnership or Limited Li</u> eneral Partner. <u>Partnership or Limited Li</u> General Partners. horized person. Conversion: orida Articles of Organizati	an Incorporator must sign. <u>iability Partnership:</u> i <u>ability Limited Partnership:</u> \$25.00	18 APR 18 PH



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SUNSHINE INVESTMENT OF MIAMI LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
15640 SW 16 ST	
MIAMI, FL 33185	SAME

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:

	Na	me
15640 SW 1	G ST	······································
Florida st	reet address (P	.O. Box <u>NOT</u> acceptable)
MIAMI		FL 33185
	City	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. Thereby accept the appointment as registered agent and agree to act in this capacity. Thurther 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)



ARTICLE IV-

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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 AMBR	BARBARA HERNANDEZ 15640 SW 16 ST Miami, FL 33185	
AMBR	ROBERT A. ZUBIARRAIN 15640 SW 16 ST MIAMI, FL 33185	
AMBR	PHILLIP A. HERNANDEZ 15640 SW 16 ST	
	MIANII, FL 33185	18 APR 18 SEConstant
(Use attachment if necessary)		PH 2:
ICLE V: Other provisions, if any.		- 5 2

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.\$17.155, F.S.

BARBARA HERNANDEZ

Typed or printed name of signee Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)