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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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	凶	FILING	Conversion
1.		VIKA Logis CORPORATE NAME AND D	stics Corp
		(CORPORATE NAME AND D	OCCUMENT #)
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### **Articles of Conversion**

For

#### "Other Business Entity"

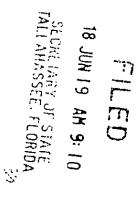
Into

#### Florida Limited Liability Company

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  (ika Logistics Corp + 13 - 95779
(Enter Name of Other Business Entity)
The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of Florida
11/26/2013 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ika Logistics LLC
(Enter Name of Florida Limited Liability Company)
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 ate this document is filed by the Florida Department of State; AND 2) must be the same as the effective
ate listed in the attached Articles of Organization, if an effective date is listed therein.)
The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2



Signed this 6th day of June	15	
Signed this 6 th day of June		
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:  Printed Name: Vicente Furiati	Title: Manager	_
Signature(s) on benait of other ausiness Entity:	See below for required signature(s).	I
Signature: Printed Name: Juga Pablo Bruzual	Title: President	<u>-</u> -
Signature:Printed Name:	Title:	_ _
Signature:Printed Name:	Title:	_ _
Signature: Printed Name:	_ Title:	_ <del>-</del>
Signature: Printed Name:	Title:	<del>-</del>
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 Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty 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)	18 JUN 19 SEURE IARY FALL AHASSEE
	Page 2 of 2	ILED 19 AM 9: 10 SEE. FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Vika Logistics LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "ELC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8850 N.W. 18th Terrace Doral, Florida 33172	8850 N.W. 18th Terrace  Doral, Florida 33172
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
Rozencwaig & Nadel, LLF	)
Name	
301 W. Hallandale Beach	
Florida street address (P.O.	Box NOT acceptable)
Hallandale Beach	FL 33009
City	Zip
liability company at the place designated in registered agent and agree to act in this capacid statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605. F.S.
Registered Agent's Signa	ature (REQUIRED)
(CONTINU Page 1 of	2 ASSEE
	FLORING TO THE STATE OF THE STA

Title:	Name and Address:
"AMBR" = Authorized Member	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
"MGR" = Manager	The state of the s
MGR	Juan Pablo Bruzual
	8850 N.W. 18th Terrace
	Doral, Florida 33172
MGR	Vicente Furiati
	8850 N.W. 18th Terrace
	Doral, Florida 33172
MGR	Juan Carlos Furiati
	8850 N.W. 18th Terrace
	Doral, Florida 33172
	/
ffective date is listed, the date must	te date of filing: (OPTIONAL be specific and cannot be more than five business date
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