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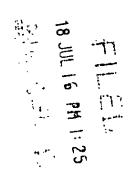
(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





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W18-54436

COVER LETTER

TO:	New Filing S Division of C					
SUBJ	ECT: MTF INT	ΓERNATIONAL GROUP.	LLC			
		(Name of Res	sulting Florida Limit	ed Cor	mpany)	
The en	nclosed Article ess Entity" into	s of Conversion, Artic o a "Florida Limited Li	les of Organizati ability Company	on, an	nd fees are submitted to con accordance with s. 605.1045	vert an "Other . F.S.
Please	return all corr	espondence concernin	g this matter to:			
JAIRC	BOSCH					
		(Contact Person)		*		
ASAP	ACCOUNTING (& TAX CORPORATION				
		(Firm/Company)				
7179 P	PEMBROKE ROA	AD.				المسادين
	-	(Address)				
РЕМВ	ROKE PINES, FE	33023				18 JUL 16
	((City, State and Zip Code)				٥,
ASAP.	ACCOUNTING@	JLIVE.COM				- TO
E-n	nail Address: (to b	be used for future annual re	port notifications)	•		
For fu	rther informati	on concerning this ma	tter, please call:			# " E
JAIRC	BOSCH		at (954	965-9	9491	
	(Name of Conta	act Person)	(Area Code)	(Day	9491 ytime Telephone Number)	
		for the following amount a bank located in the		roces:	sed by this office must be p	ayable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	©\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
STRE	EET ADDRES	S:	MAILI	ING A	ADDRESS:	
	Filing Section		New Fi	ling S	Section	
	on of Corporat	ions			Corporations	
	n Building	ear Cirola	P. O. B			
∠UDI.	Executive Cent	ci Circie	i ailaha	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: MTF INTERNATIONAL GROUP, INC.
(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)
01/13/2013 OR
(date of organization, formation or incorporation)
MTF INTERNATIONAL GROUP, 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 tiling 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 Olst	day of JUNE	20 18 .	
Signature of Auth	orized Representative	of Limited Liability Company:	
Signature of Autho Printed Name: DAV	rized Representative:	Title: Tressure	
	•	Entity: See below for required signature	(s)
Signature:	id (oka)		
Printed Name: DAW	IBTTGDGZ	Title: Treasurer/Director	
Signature: Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
	nan, Vice Chairman, Dire	ector, or Officer. ed, an Incorporator must sign.	
If Florida General Signature of one Ge		Liability Partnership:	
If Florida Limited Signatures of ALL		Liability Limited Partnership:	
All others:			
Signature of an auth	iorized person.		50 A
Fees:			- 10 mg

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 18 JUL 16 PH 1:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Names		
ARTICLE 1 - Name: The name of the Limited Liability Company is:		
MTF INTERNATIONAL GROUP, LLC		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
649 SAND CREEK CIRCLE	7179 PEMBROKE ROAD	
WESTON, FL 33327	PEMBROKE PINES, FL 3302	3
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registr business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an in	nt's Signature: idividual or another
JAIRO BOSCH		
Name	:	
7179 PEMBROKE ROAD		
Florida street address (P.O.	. Box NOT acceptable)	
PEMBROKE PINES	FL 33023	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby according to the thing that the transfer to comply performance of my duties, and distered agent as provided for	ept the appointment as with the provisions of all d I am familiar with and r in Chapter 605, F.S
Registered Ngent's Sign	nature (REQUIRED)	
(CONTIN	UED)	15 PH 1: 25

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager AMBR/P/D	ANGELO CASTELLANO		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	649 SAND CREEK CIRCLE		
	WESTON, FL 33327		
AMBR/V/D	LUIGI CASTELLANO		
	649 SAND CREEK CIRCLE		
	WESTON, FL 33327		
T/D	DAVID J. LOPEZ		
1715	649 SAND CREEK CIRCLE		
	WESTON, FL 33327		
AMBR/S/D	MARIA A. CASTELLANO		
AMBRISTS	649 SAND CREEK CIRCLE		
	WESTAN DE 22227		
(Use attachment if necessary)		ال 8	}
(Ose attachment if necessary)			
TICLE V: Other provisions, if any.			
<u>-</u>			 .
			<u>(,11,</u>

<u>REQUIRED SIGNATURE:</u>

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.817.155, F.S.

DAVID J. LOPEZ

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)