118000176820

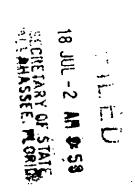
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400315287774

07/02/18--01028--022 **150.00



C Kinsey

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SEVEN ROADS GROUP, LTD)
	Resulting Florida Limited Company)
	rticles of Organization, and fees are submitted to convert an "Other d Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ning this matter to:
LILY CALDERON	
(Contact Person)	
SHOMAR ACCOUNTING, PA	
(Firm/Company)	
7777 NW 146TH ST	
(Address)	
MIAMI LAKES, FL 33016	
(City, State and Zip Cod	(e)
LILY@SHOMARACCOUNTING.COM	
E-mail Address: (to be used for future annua	d report notifications)
For further information concerning this	matter, please call:
LILY CALDERON	at (305) 825-1123
(Name of Contact Person)	at (305) 825-1123 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following and dollars and drawn on a bank located in the	nount: (All checks processed by this office must be payable in US he United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fee and Certificate of Status	and Certified Copy S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

	// 0 / . 4 / 0
(Ent	er Name of Other Business Entity)
2. The "Other Business Entity" is a	LIMITED PARTNERSHIP
(Enter carity type. Example	e: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ated under the laws of
10/02/2009 on	
(date of organization, formation or inc	crporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
SEVEN ROADS GROUP, LLC	
(Enter Name	of Florida Limited Liability Company)
4. If not effective on the date of fili (The effective date: Cannot be pri	
the date this document is filed by	ior to date of receipt or filed date nor more than 90 calendar days after the Florida Department of State.) s not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
the date this document is filed by Note: If the date inserted in this block doe document's effective date on the Department.	the Florida Department of State.) s not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 27 day of TUNE	20 <u>_18</u>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: RENATA GIOVANNINI	Title: MGR
Signature(s) on behalf of Other Business Entity:	
Signature: Abreu Printed Name: Dorlaha (Sovensia)	Title: Managa / Prondont
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
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 Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
SEVEN ROADS GROUP, LLC	
(Must contain the words "Limited Liab	oility 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:
11801 NW 100TH RD # 4	11801 NW 100TH RD # 4
MIAMI, FL 33178	MIAMI, FL 33178
The name and the Florida street address of th SHADI SHOMAR Na	ne registered agent are:
7777 NW 146TH ST Florida street address (P	P.O. Box NOT acceptable)
MIAMI LAKES	FL 33016
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as vacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	र
"MGR" = Manager	RENATA GIOVANNINI
MGR	11801 NW 100TH RD #4
	MIAMI, FL 33178
	MIAMI, 1 & 33 (76
MGR	ISABELLE GIOVANNINI
	11801 NW 100TFI RD # 4
	MIAMI, FL 33178
MGR	CESAR GIOVANNINI
	11801 NW 100TH RD #4
	MIAMI, FL 3317
	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
,	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Barun:
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in account.	er or an authorized representative of a member redance with section 605.0203 (1) (5), Florida Statutes. I am aware a document to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member This document is executed in account any false information submitted in a sprovided for in s.817.155, F.S.	er or an authorized representative of a member rdance with section 605.0203 (1) (b), Florida Statutes, I am aware a document to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member This document is executed in account any false information submitted in a sprovided for in s.817.155, F.S.	er or an authorized representative of a member

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

ARTICLE IV-