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

Office Use Only

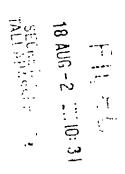
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05/07/18--01014--018 **35.00

05/29/18--01037--020 **115.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Zarate Construction LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion. Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045. F.S.
Please return all correspondence concerning this matter to:
Contact Person) Zarate Construction, Corp. (Firm/Company)
500 NOHINGhom Circle (Address)
(City. State and Zip Code)
Zarate Full C hotmail. com E-mail Address: (to be used for titure annual report notifications)
For further information concerning this matter, please call:
Edwardo Zovate at (561) 502 - 0888 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization) \$\int \frac{1}{2} \\$155.00 Filing Fees and Certificate of \text{ and Certified Copy} \text{ Certified Copy, and Certificate of Status} \$\int \frac{1}{2} \\$155.00 Filing Fees \text{ and Certified Copy} \text{ Certified Copy, and Certificate of Status}
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Arabe ONS TUCTION. LOY PILOS (Enter Name of Other Business Entity)	of Conversion is: といる4月
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>Cox Poyation</u> (Enter entity type. Example: corporation, mited partnership, general partnership, common la	TU 60
First organized, formed or incorporated under the laws of Floridg	
on 01 25 2016. (Enter state, or if a non-U.S. entity, the nar	ne of the country
(date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Article	s of Organization:
Zarate construction, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 4/26/2018. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 c	alendar 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 widocument's effective date on the Department of State's records.	ill not be listed as the

- 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 26 day of April 20 18.	
Signature of Authorized Representative of Limited Liability Company:	
Signature of Authorized Representative: Printed Name: EDGARDO TARATE Title: PRESIDENT	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]	
Signature: EDUARDO ZARATZIIIle: RESIDENT	
Signature: Title:	
Signature: Title: Title:	
Signature: Title:	
Signature: Title:	
Signature: Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

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

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limit	ed Liability Company is:				
Zarate	Construction ontain the words "Limited Liability	Company, "I	L.C.," or "LLC.	")	
ARTICLE II - Addre The mailing address a	ess: nd street address of the prin	ncipal off	ice of the Lim	nited Liability Cor	npany is:
Principal Office Add	ress:	Mailing	Address:		
500 NOHIN Oneenacres	gham Cycle APT E FL. 33463	<u>500</u>	nacres,	Jgham Circ FL 3346	le not E 3
(The Limited Liability Compa- business entity with an activ	stered Agent, Registered by cannot serve as its own Register e Florida registration.) Fida street address of the reserved to Zoon Name	red Agent. Y gistered a	ou must designate	Agent's Signatur an individual or apolic	18 AUG-2
5	500 Nottingham Gro Iorida street address (P.O.	de APT	E		
F	lorida street address (P.O.	Box NOT	Cacceptable)	-	
	One enacres	FL	33463	_	
	City		Zip		
liability company registered agent and statutes relating to	as registered agent and to at the place designated in a agree to act in this capacit the proper and complete pa ations of my position as regi	this certifi y. I furthe erformanc	cate, I hereby er agree to con e of my duties	accept the appoin mply with the prov and I am familia	ntment as visions of all r with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"MGR" = Manager MGN - Edwardo Zwrafe 500 No Hingham Ourcle of Ourse nacres, H 33463 (Use attachment if necessary) LE V: Other provisions, if any. 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 awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155. F.S. Typed or printed name of signee Filing Fees	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) LE V: Other provisions, if any. 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 awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S. EDWARDO ZARAC Typed or printed name of signee	"MGR" = Manager MGN -	500 Nottinahora aircle Af
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Liliana Linna	REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe

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

ARTICLE IV-