11800033437

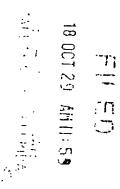
(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



900320113809

10/29/18--01036--022 **150.00



OCT 3.1 2019
T SCHROEDER

COVER LETTER

Division of C	orporations		
SUBJECT: MASSIV	E BLUE, LLC		
SOBJECT.	(Name of Res	ulting Florida Limited	Company)
			and fees are submitted to convert an "Othen accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Matthew Hale			
	(Contact Person)		
Cinotti LLP			
	(Firm/Company)	 	
66 West Flagler Street, S	Suite 1002		
	(Address)		
Miami, FL 33130			
	City, State and Zip Code)		
mhale@cinottilaw.com			
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Matthew Hale		at (786) 5	77-2291
(Name of Conta	ict Person)		Daytime Telephone Number)
	for the following amou a bank located in the	•	cessed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	es \$\Bigcup\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES New Filing Section Division of Corporat Clifton Building	ions	New Filin Division o P. O. Box	of Corporations 6327
2661 Executive Cent	er Circle	ranasse	ee, FL 32314

Tallahassee, FL 32301

TO: New Filing Section

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: MASSIVE BLUE, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Delaware Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
June 18, 2015 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MASSIVE BLUE, LLC
(Enter Name of Florida Limited Liability Company)
 4. If not effective on the date of filing, enter the effective date:
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.
0CT 29 AMIL:

Signed this 30 day of Septentus	20	
Signature of Authorized Representative of Limit	ed Llability Company:	
Signature of Authorized Representative: Printed Name: Juan Pons	1 <i>X/I</i>	
Signature(s) on behalf of Other Business Entity:		
Signature: Printed Name: Juan Pons	Title: Manager	
Signature:Printed Name:	Title:	<u></u>
Signature:Printed Name:		
Signature:Printed Name:		
Signature: Printed Name:		
Signature:Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	Officer. orporator must sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fecs:		±'. → G
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TO OCT 29 AM I):
	,	55 S

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	y is:	
MACCONE DI LIC. LA C		
MASSIVE BLUE, LLC (Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
(,	
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
2421 Lake Pancoast Drive	1925 Washington Avenue	
Unit 4A	#19	·
Miami Beach, FL 33140	Miami Beach, FL 33139	
business entity with an active Florida registration.) The name and the Florida street address of DC Entity Solutions LLC	the registered agent are:	
1	Name	
400 5 51 1 0 3 4000		
169 E Flagler, Suite 1200	(P.O. Box NOT acceptable)	
riorida street address	(1.0. box <u>NOT</u> acceptable)	
Miami	FL 33131	
City	Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constantes relating to the proper and compacted the obligations of my position. Registered Agent:	ted in this certificate. I hereby of capacity. I further agree to com- pl et() performance of my duties.	iccept the appointment as uply with the provisions of all and I am familiar with and
(CON	STINUED)	ED STILLED

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		
MGR	Juan Pons	_
	2421 Lake Pancoast Drive, Suite 4A	_
	Miami Beach, FL 33140	
MGR	Evangelina Bomparola	
	2421 Lake Pancoast Drive, Suite 4A	
	Miami Beach, FL 33140	
		_
		_
		_
	-	
(Use attachment if necessary)	<u>.</u> -	0007
	•	29
ICLE V: Other provisions, if any.	14	3>
	1.0	•••
		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE.		
Signature of a member of	an authorized representative of a member	
This document is executed in accordance	the with section 605.0203 (1) (b), Florida Statutes. I am awar ument to the Department of State constitutes a third degree	re that felony
Juan Pons		
	yped or printed name of signee	
	Filing Foot	

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)