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### COVER LETTER

TO:	New Filing Se Division of C					
SURJ	ECT: Bella Isla	Inc.				
5 <b>0</b> 20		(Name of Res	ulting Florida Limite	d Com	npany)	
The er Busine	nclosed Articles ess Entity" into	s of Conversion, Articl a "Florida Limited Li	les of Organization	on, and	d fees are submitted to convert an "Oth coordance with s. 605.1045, F.S.	er
Please	return all corre	espondence concerning	g this matter to:			
Angel '	Torres					
		(Contact Person)				
Bella Is	sla LLC					
		(Firm/Company)				
407 Lis	ncoln Road Suite 3	309				
		(Address)				
Miami	Beach, Fl. 33139					
	((	City, State and Zip Code)				
atorres	@euroamericangr	oup.com				
E-n	nail Address: (to b	e used for future annual re	port notifications)			
For fu	rther information	on concerning this ma	tter, please call:			
Angel	Тоггеѕ		at ( <sup>305</sup>	672-0	9805 ytime Telephone Number)	
	(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclo dollar	sed is a check f s and drawn on	or the following amou a bank located in the	int: (All checks p United States)	rocess	sed by this office must be payable in US	3
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto	EET ADDRES Filing Section ion of Corporat n Building Executive Cent	ions	New Fi Divisio P. O. B	ling S n of C ox 631	Corporations	

Tallahassee, FL 32301

#### **Articles of Conversion**

For

#### "Other Business Entity"

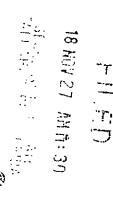
Into

#### 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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Bella Isla   n =     -   2479
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(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)
11/16/2017 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:
Bella Isla, 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 filing 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 21 day of November	20 <u>/8</u> .			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Angel Torres	Title: Authorized Representative	-		
Signature(s) on behalf of Other Business Entity: {	See below for required signature(s)]			
Signature: Angel Torres	Title: Director of Euroamerican Group	•		
		<del>-</del>		
Signature:Printed Name:	Title:	•		
Signature:Printed Name:	_ Title:	<u>.</u>		
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
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Printed Name:	Title;	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	-,		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	29 58	18 NO	
All others: Signature of an authorized person.			27	
Fees:		.7 13.47		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	<b>8</b>	ľi: <u>3</u> 0	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Bella Isla,LLC (Must contain the words "Limited Lia	hility Company "LLC" or "LLC")	
(Must contain the words Limited Lin	omity Company, E.E.C., of EEC. )	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
407 Lincoln Road PH-N	407 Lincoln Road PH-N	<u></u> -
Miami Beach, Fl. 33139	Miami Beach, Fl. 33139	
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the		GIVIOLE OF ENGLISH
Angel Torres		
Na	ame	
407 Lincoln Road PH-N		
Florida street address (F	P.O. Box NOT acceptable)	
Miami Beach	FL 33139	
City	Zip	
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and completed accept the obligations of my position as	d in this certificate, I hereby acce pacity. I further agree to comply ste performance of my duties, and	ept the appointment as with the provisions of all d I am familiar with and
Cu/2		
Registered Agent's S	Signature (REQUIRED)	18 NOV
(CONI	'INUED)	727 MHT: 30

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR — Manager	Euroamérican Group Inc.		
<del></del>	407 Lincoln Road Suite PH-N		
	Miami Beach, Fl. 33139	<u></u>	
<del></del>			
		<u> </u>	<del>1</del> 8
		15.7 15.1	NO7 2
(Use attachment if necessary)		·	7 AM
ICLE V: Other provisions, if any.		1040	<b>1:3</b> 0
	101.4		
REQUIRED SIGNATURE:		<del>_</del>	
REQUIRED SIGNATURE.			
This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a metal section 605.0203 (1) (b), Florida Statutement to the Department of State constitutes a	s. I am aware ti	nat ony
Bye			

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-