18000286589

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

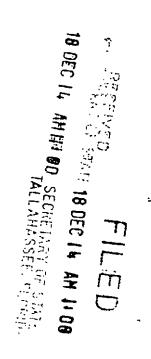
Office Use Only

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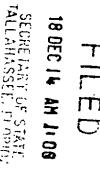
Holland & Knight		
Requester's Name 315 South Calhoun Street, sui	ite 600	
Address		
Tallahassee, FL 32301 (850)	425-5686	·
City/State/Zip Phone #		
•		
		Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if	known):
1. Quirch Foods Co. (Corporation Name)		
(Corporation Name)	(Document #)	
<u>, </u>		•
(Corporation Name)	(Document#)	
(Corporation Name)	(Document#)	
(Corporation Wallie)	(2 304)	
4.		
(Corporation Name)	(Document#)	X /
Walk in Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	•
☐ Profit	Amendment	2
Not for Profit	Resignation of R Change of Regis	LA., Officer/Director
Limited Liability Domestication	Dissolution/With	hdrawal CM &
Other Conversion	Merger	
OTHER EIL INGS	REGISTRATION/O	
OTHER FILINGS		©# ≥ □
Annual Report	Foreign Limited Bartner	
Fictitious Name	Limited Partners Reinstatement	ship
•	Trademark	2377
	U Other	
		Evaminar's Initials

CR2E031(7/97)

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: Quirch Foods Co.
(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
October 20, 1967
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Quirch Foods, 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 13th day of December	20_18
Signature of Authorized Representative of Limi	ited Liability Company
Signature of Authorized Representative: ————————————————————————————————————	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Carmen Sabater	Title: Chief Financial Officer
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 In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED

18 DEC IN AM 1: 00

SECRETARY OF STATE
TALLAHASSEE FLORIES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quirch Foods, LLC		
(Must contain the words "Limited Liz	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
2701 S LeJuene Rd., 12th Floor	P.O. Box 144120	
Coral Gables, FL 33134	Coral Gables, FL 33134	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	egistered Agent. You must designate an	ent's Signature: individual or another
The name and the Florida street address of t	ne registered agent are:	
Carmen M. Sabater		
N	ame	
2701 S LeJuene Rd., 12th Fl	oor	
	P.O. Box NOT acceptable)	
Coral Gables	FL 33134	
City	Zip	
Having been named as registered agent ar liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and comple accept the obligations of my position as	ed in this certificate, I hereby act pacity. I further agree to compete performance of my duties, as registered agent as provided f	scept the appointment as oly with the provisions of all and I am familiar with and
	Signature (REQUIRED)	FILE 18 DEC 14 AM BECRETARY OF STAN

ARTICLE IV-

as provided for in s.817.155, F.S.

Francisco Grande, President

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

"MGR" = Manager MGR	Francisco Grande		
MGK	2701 S LeJuene Rd., 12th Floor		
	Coral Gables, FL 33134		
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•			
	# # # # # # # # # # # # # # # # # # #		
	<u> </u>		
(Use attachment if necessary)	Service Servic		
,			
LE V: Other provisions, if any.			
	·		
REQUIRED SIGNATURE:	/ / /		
A second second	X o b		

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)