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(Requestor's Name)		
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(City)	/State/Zip/Phone #)	
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(Doc	ument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to F	iling Officer:	

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SECRETARY OF STATE

Holland & Knight	
Requester's Name 315 South Calhoun Street, su	uite 600
Address	
Tallahassee, FL 32301 (850))425-5686
City/State/Zip Phone #	
	Office Use Only
ORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
awrel Foods Son	Heast Inc (Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document#)
(Corporation Name)	(Document #)
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<u>NEW FILINGS</u>	AMENDMENTS CO CO
Profit	Amendment HO L
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution (Withdrawa)
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Other Condassion	Merger Size
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
,	Reinstatement Trademark
	Other
	Examiner's Initials

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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 Southeast, Inc.
(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)
November 18, 2003 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:
Quirch Foods Southeast, 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.
TAL SE

Signed this 13th day of December	20_18		
Signature of Authorized Representative of Limit	red Liability Company:		
Signature of Authorized Representative: Printed Name: Francisco Grande	Title President		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)		
Signature:	Title: Chief Financial Officer	<i>-</i> -	
Signature:Printed Name:	Title:	-	
Signature:Printed Name:			
Signature: Printed Name:	Title:	· -	
Signature:Printed Name:		- -	
Signature:Printed Name:	_ Title:	- -	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.			
All others: Signature of an authorized person.		18 SEC TĄLL	چينه په ۱
<u>Fees:</u>		DEC CRET	<u> </u>
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	NRY OF STATE SSEEL FLORING	LED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Quirch Foods Southeast, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2701 S LeJuene Rd., 12th Floor	P.O. Box 144120
Coral Gables, FL 33134	Coral Gabies, FL 33134
	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Carmen M. Sabater	
Name	
2701 S LeJuene Rd., 12th Floor	
Florida street address (P.O.	Box NOT acceptable)
Coral Gables	FL 33134
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in. Chapter 605, F.S
1 (ŽS -
Registered Agent's Sign	ature (REQUIRED)
(CONTINI	JED)

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	Francisco Grande
	2701 S LeJuene Rd., 12th Floor
	Coral Gables, FL 33134
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(Use attachment if necessary)	S
ICLE V: Other provisions, if any.	25 =
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//	
REQUIRED SIGNATURE:	N ///
·	'\ (/// /)
- Lucie	Web
Signature of a member of	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a docur	ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
Francisco Grande, President	
	ped or printed name of signee
3	

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)