

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Holland & Knight | | |
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| Requester's Name 315 South Calhoun Street, | suite 600 | |
| Address | | |
| Tallahassee, FL 32301 (8 | 50)425-5686 | |
| City/State/Zip Phon | e # | . ** |
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| | | Office Use Only |
| CORPORATION NAME(S) & DO | CUMENT NUMBER(S), (| (if known): |
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| . Querch Foods (Corporation Name) | (Document #) | <u></u> |
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| (Corporation Name) | (Document #) | |
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| (Corporation Name) | . (Document #) | |
| ☐ Walk in ☐ Pick up time | | Certified Copy |
| Mail out Will wait | Photocopy | Certificate of Status |
| ivian out | · notocopy | 7 301011102110 01 0111112 |
| NEW FILINGS | <u>AMENDMENTS</u> | |
| ☐ Profit | ☐ Amendment | |
| Not for Profit | Resignation of | FR.A., Officer/Director |
| Limited Liability | Change of Reg | |
| Domestication Other Conversion | Dissolution/W Merger | indrawai |
| Val Other COKO (1210) | Ť | |
| OTHER FILINGS | REGISTRATION | VQUALIFICATION |
| Annual Report | Foreign | |
| Fictitious Name | Limited Partn | |
| | Reinstatemen Trademark | ι |
| | Other | |
| | | |
| | | Examiner's Initials |

CR2E031(7/97)

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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 Conversion is: Quirch Foods Caribbean, 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) |
| January 13, 2004 |
| January 13, 2004 on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Quirch Foods Caribbean, 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 Rusiness Entity" has agreed to pay any members having appraisal rights the amoun
- 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 Limit | ted 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: | | - |
| Printed Name: Carmen Sabater | | - |
| Signature:Printed Name: | Title: | ا د - |
| Signature: | مهرية | ₹0 % |
| Signature:Printed Name: | Title: | |
| Signature:Printed Name: | Title: | FILED WISS |
| Signature:Printed Name: | | 70 2 0 |
| | | 56 |
| Signature:Printed Name: | Title: | • |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y <u>Partnership:</u> | |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: | |
| All others: Signature of an authorized person. | | |
| <u>Fees:</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) | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name The name of the Lim | e: nited Liability Company | is: | |
|--|---|--|--|
| 0:10.10.31 | | | |
| Quirch Foods Caribbear (Must | | bility Company, "L.L.C.," or "LLC.") | _ |
| | | | |
| ARTICLE II - Add | | e principal office of the Limited Liability | Company is: |
| The maning address | and street address of the | principal office of the Emitted Elaomity | сопірану із. |
| Principal Office Ad | ldress: | Mailing Address: | |
| 2701 S LeJuene Rd., 12 | th Floor | P.O. Box 144120 | |
| Coral Gables, FL 33134 | | Coral Gables, Fl. 33134 | - |
| | | | _ |
| The name and the Fl | tive Florida registration.) orida street address of tl Carmen M. Sabater | egistered Agent. You must designate an individual or a me registered agent are: | nother |
| <u>:</u> | 2701 S LeJuene Rd., 12th Flo | оог | |
| | Florida street address (I | P.O. Box NOT acceptable) | |
| | Coral Gables | FL 33134 | |
| | City | FL 33134 Zip | |
| liability compai registered agent ar statutes relating (| ny at the place designate nd agree to act in this cap to the proper and comple gations of my position as | d to accept service of process for the above d in this certificate, I hereby accept the approacity. I further agree to comply with the parter performance of my duties, and I am family registered agent as provided for in Chapter Signature (REQUIRED) | pointment as provisions of all uiliar with and |

(CONTINUED)

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|---|---|---|-----|---|----|-----|---|
| А | к | ľ | IL. | L | r. | IV. | - |

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

| <u>Title:</u> | Name and Address: | |
|--|---|-----|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | | |
| MGR | Francisco Grande | |
| | 2701 S LeJuene Rd., 12th Floor | |
| | Coral Gables, FI. 33134 | |
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| (Use attachment if necessary) | | |
| (Ose attachment if necessary) | S | 1 |
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| ICLE V: Other provisions, if any. | | |
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| | | - |
| REQUIRED SIGNATURE: | A1/ | |
| | ((// /) | |
| Francis & | 4-1-K | |
| Signature of a member or an | authorized representative of a member | |
| This document is executed in accordance wi | th section 605,0203 (1) (b), Florida Statutes, I am aware that | |
| any false information submitted in a docume as provided for in s.817.155, F.S. | nt to the Department of State constitutes a third degree felony | |
| as provided for in 5.617.133, r.s. | | |
| Francisco Grande, President | | |
| Type | d 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)