(Req	uestor's Name)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

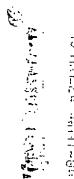
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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Ross Mar	y Management LLC			
Sobject.		sulting Florida Limi	ted Con	npany)
				id fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Carlos Ledo, Esq				
	(Contact Person)		_	
The Ledo Law Firm, PLI	LC			
	(Firm/Company)		-	
8200 West 33rd Avenue.	<i>u</i> 12			
·	(Address)		_	
Hialeah, FL 33018				
((City, State and Zip Code)	· · ·	_	
cledo@ledolegalpro.com	ı			
E-mail Address: (to b	se used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
Carlos Ledo, Esq.		_at (y533-0	5529
(Name of Conta	act Person)	(Area Code) (Day	etime Telephone Number)
	or the following amou a bank located in the		proces:	sed 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 and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	МАП	ING /	ADDRESS:
New Filing Section				Section
Division of Corporat	ions			Corporations
Clifton Building	C: 1	P. O. 1		
2661 Executive Cent	er Uirele	Lallah	95566	FI 32314

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

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Ross Mary Management Inc. $P15 - 29849$
(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, et
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
March 31, 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 Ross Mary Management LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of tiling, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afte 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 21st day of May			
Signature of Authorized Representative of Limi	ited Liability Company:		
Signature of Authorized Representative: Printed Name: Roberto Somarriba			
Signature of Authorized Representative:	Tal., Dravidant		
Printed Name: Roberto Solitarrioa			
Signature(s) on behalf of other Business Entity:	 See below for required signature(s)		
Signature: Printed Name: Roberto Somarriba			
Printed Name: Roberto Somarriba	Title: President		
Cimaton			
Signature:Printed Name:	Title		
Trined Name.	TRIC.		
Signature:			
Signature:Printed Name:	Title:	<u> </u>	
Signature: Printed Name:	er. I		
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Signature:Printed Name:	Title:		
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Printed Name:	Little:	_	
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or	Officer.		
If Directors or Officers have not been selected, an In			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
Signature of one General Pariner.		: :	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	2m	<u> </u>
Signatures of ALL General Partners.			
			ZK Y
All others:			24
Signature of an authorized person.			
Fees:			
		ু কুট	
Articles of Conversion:	\$25.00	5 ,7	
Fees for Florida Articles of Organization:	\$125.00		
Certified Copy:	\$30.00 (Optional)		
Certificate of Status:	\$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
, , , , , , , , , , , , , , , , , , ,	
Ross Mary Management LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9570 NW 35 CT	9570 NW 35 CT
Miami, FL 33147	Miami, FL 33147
	710mm. 12 33 177
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Carlos Ledo, Esq./The Ledo Law	Firm, PLLC
Name	2
8200 West 33rd Avenue, #12	
Florida street address (P.O	. Box <u>NOT</u> acceptable)
Hialeah	FL 33018
City	Zip
liability company at the place designated in registered agent and agree to act in this capace statutes relating to the proper and completed accept the obligations of my position as registered Agent's Signature.	
(CONTIN	UED) \mathbb{R}^{3} \mathbb{R}^{3}

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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	ELMARRO LLC		
	9570 NW 35 CT		_
	Miami, FL 33147		
			_
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(Use attachment if necessary)		5 va.	:
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CLE V: Other provisions, if any.			1

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REQUIRED SIGNATURE:		<u>\$</u>	0,0
REQUIRED SIGNATURE:		<u> </u>	0,0
	authorized representative of a man	<u> </u>	04
Signature of a member or	an authorized representative of a men with section 605-0203 (1) (b) Florida Statutes 1	iber	
Signature of a member or This document is executed in accordance	an authorized representative of a men with section 605.0203 (1) (b), Florida Statutes. I ment to the Department of State constitutes a third	am aware	
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I ment to the Department of State constitutes a third	am aware	
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I	am aware	tha

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)