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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. RP (Geoconsult, I	nc. P1900007657
(CORPORATE NA	•	(DOCUMENT #)
2. (CORPORATE NA	ME)	(DOCUMENT #)
3. (CORPORATE NA	ME)	(DOCUMENT #)
☐ Walk-In	Pick up time:	Certified Copy Certificate Of Status
New Filings	Amendm	nents Other Filings
Profit	Amendmen	Annual Report
Non-Profit	Resignation	Fictitious Name
imited Liability	Dissolution	/Withdrawal Apostille:
Other:	Other:	
nonlarsing		Other:

Examiners Initials	
	1

Articles of Conversion For

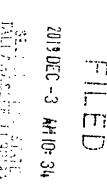
"Other Business Entity"

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: RP GEOCONSULT, 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.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
SEPTEMBER 30, 2019 on .
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:
RP GEOCONSULT, 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 _	<u>27</u> d	ay of No	OVEMBER	2	0 19				
Signature of	Authorize	d Repres	entative of	Limited	Liabili	ty Com	oany:		
Signature of A	Authorized	Renreser	ntative:	127	1.18.				
Printed Name	: RAFAEL P	RIETO PIE	DRAHITA		itle: MA	NAGER			_
Signature(s)	-T	f Other I	Business En	tity: [See	e below :	for requ	ired siş	gnature(s)]	
Printed Name	RAFAEL P	RIETO PIE	DRAHITA		itle: DII	RECTOR	PRESID	ENT	_
Signature: Printed Name									_ _ _
Signature: Printed Name	;			7	itle:			<u> </u>	_
Signature: Printed Name	;			7	itle:				
Signature: Printed Name	:				itle:				_
Signature: Printed Name	· ·			7	itle:				_
If Florida Co Signature of C If Directors or	Chairman, V					nust sign			
If Florida Ge Signature of o			r Limited_L	iability I	artners	hip:			
If Florida Lin Signatures of				iability I	imited	Partner:	ship:		

All others:
Signature of an authorized person.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR F	
ARTICLE I - Name: The name of the Limited Liability Company is	c.
The name of the Limited Liability Company is	3.
RP GEOCONSULT, LLC	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o 255 ALHAMBRA CIRCLE	c/o 255 ALHAMBRA CIRCLE
SUITE 500	SUITE 500
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
The name and the Florida street address of the ARAGON REGISTERED AG	
Nar Nar	
255 ALHAMBRA CIRCLE SI	HITE SOO
	O. Box NOT acceptable)
CORAL GABLES	FL 33134
City	Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as the complete statutes.	It to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	RAFAEL PRIETO PIEDRAHITA
	c/o 255 ALHAMBRA CIRCLE SUITE 500
	CORAL GABLES, FL 33134
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	- 184
	Her.
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for

ARTICLE IV-