L19000 305 125

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
	:

Office Use Only



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. COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT: POINTE	R INTERNATIONAL US	A INC	
SOBJECT.	(Name of Res	ulting Florida Limited C	ompany)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	this matter to:	
Pablo Goyenechea			
	(Contact Person)	<u>.</u>	
Goyenechea Professiona	il Services LLC		
	(Firm/Company)		
642 Springdale Circle			
	(Address)		
Palm Springs, Florida,	33461		
(0	City, State and Zip Code)		
pgoyenechea@yahoo.c	•		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	ter, please call:	
Pablo Goyenechea		_at (561)	341-1582
(Name of Conta	et Person)	(Area Code) (E	Daytime Telephone Number)
	or the following amou a bank located in the	-	essed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	S 185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS New Filing Section Division of Corporat Clifton Building 2661 Executive Cent	ions	New Filing Division of P. O. Box (Corporations

Tallahassee, FL 32301

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.

	Name of Other Business Entity)
2. The "Other Rusiness Entity" is a	Corporation
(Enter entity type. Example:	corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorpora	ted under the laws of
03/28/2019	
on date of organization, formation or inco	rporation)
	Liability Company as set forth in the attached Articles of Organization:
POINTER INTERNATIONAL USA LLO	
(Enter Name o	f Florida Limited Liability Company)
4. If not effective on the date of filing	ng, enter the effective date: or 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.) s not meet the applicable statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block does document's effective date on the Departme	the Florida Department of State.) s not meet the applicable statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block does document's effective date on the Departme 5. The plan of conversion has been a 6. The "Converted or Other Business"	the Florida Department of State.) I not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.

•				
Signed this 13th day of November	20_19			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Ernesto Altez	Title: Manager	_		
Signature(s) on behalf of Other Business Entity:				
Signature: Feelew				
Signature: Printed Name: Enlesto Altez	Title: President	-		
Signature: Printed Name:		_		
Printed Name:	Title:	-		
Signature:Printed Name:	Title	_		
Signature:Printed Name:	Title:	- -		
Signature:		_		
Signature:Printed Name:		_		
Signature:Printed Name:	r.i.	_		
Printed Name:	riue:	_		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.			19 DE	
<u>Fees:</u>		1117 1557 1503	DEC -2	ر. د
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	E TERROR	MH 12: 48	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

POINTER INTE	RNATIONAL USA LLC		
	(Must contain the words "Limited Li	ability Company, "L.I.,C.," or "LLC.")	
ARTICLE II -			
The mailing add	dress and street address of th	e principal office of the Limite	ed Liability Company is:
Principal Offic	ee Address:	Mailing Address:	
221 W HALLAN	DALE BEACH BLVD #312	THE SAME AS OFFICE AD	DDRESS
	BEACH, FL 33009		
			<u>-</u>
	i an active Florida registration.)	Registered Agent. You must designate an	gent's Signature: individual or another
	n an active Florida registration.) he Florida street address of l Goyenechea Professiona	Registered Agent. You must designate an the registered agent are:	individual or another
	n an active Florida registration.) he Florida street address of t Governechea Professiona	Registered Agent. You must designate an the registered agent are: 1 Services LLC	FILL SLOWER FILL
	n an active Florida registration.) he Florida street address of 1 Governechea Professiona N 642 Springdale Circle	Registered Agent. You must designate an the registered agent are: 1 Services LLC	FILL SLOWER FILL
	he Florida street address of to Governchea Professiona N 642 Springdale Circle Florida street address (Registered Agent. You must designate an the registered agent are: 1 Services LLC lame	FIL SLOWER TALLS SEE TALLS
	n an active Florida registration.) he Florida street address of 1 Governechea Professiona N 642 Springdale Circle	Registered Agent. You must designate an the registered agent are: 1 Services LLC lame P.O. Box <u>NOT</u> acceptable)	FILL SLOWER FILL

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

W HALLANDALE BEACH, BLVD #312
LLANDALE BEACH, FL 33009
19 × 19
DEC - 2
AH 12: 48

Signature of a member or 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

ERNESTO ALTEZ

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)