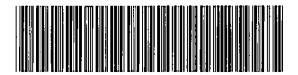


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## COVER LETTER

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					d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please i	return all corr	espondence concernin	g this matter to:		
	(	Carlos Cienfuegos			
		(Contact Person)			
		CMRE Group			
		(Firm/Company)			
	l	5726 SW 76 TERR			
		(Address)			
		Miami, FL 33193			
-	(	City, State and Zip Code)			
	carlos(	@cmcapitalholdings.c	om		
E-ma	il Address: (to b	e used for future annual re	port notifications)		
For fur	ther informati	on concerning this ma	tter, please call:		
	Carlos Cid	enfuegos	_at (305	, 7	72-5394
	(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 for	Conversion or Articles	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C	ection		New I	Address: Filing Section on of Corporations
	P.O. Box 632				entre of Tallahassee
	Tallahassee, I	FL 32314			N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **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:  CMRE Group, Corp.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (P\9 - \5965)  (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)
on 02/18/2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CMRE Group, LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  Date of Filing
(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 4th day of January	2020	<u>.</u>
Signature of Authorized Representative of Limit	ited Liabita	Company:
Signature of Authorized Representative:  Printed Name: Carlos Cienfuegos	Title:	Principal, President
Signature(s) on behalf of Other Business Entity:		
Signature:		
Printed Name: Carlos Cienfuegos	Title:	Principal, Chairman
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:		
Signature: Printed Name:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-		ust sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	<u>ty Partnersh</u>	<u>ip:</u>
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited P	artnership:
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 (Opt \$5.00 (Opt	



	CMRE Gro	p, LLC.	
(Mus	t contain the words "Limited Liab	ity Company, "L.L.C.," or "Ll	C.")
ARTICLE II - Add The mailing address		principal office of the L	imited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
15726 SW 76 TER	R, Miami, FL33193	15726 SW 76 TER	R, Miami, FL33193
ARTICLE III - Re	gistered Agent, Register mpany cannot serve as its own Re ctive Florida registration.)		
ARTICLE III - Re (The Limited Liability Cor- business entity with an ac	gistered Agent, Register impany cannot serve as its own Re ctive Florida registration.) Iorida street address of th	stered Agent. You must design	
ARTICLE III - Re (The Limited Liability Cor- business entity with an ac	gistered Agent, Register mpany cannot serve as its own Re ctive Florida registration.)	stered Agent. You must design registered agent are: fuegos	
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ARTICLE III - Re (The Limited Liability Cor- business entity with an ac	gistered Agent, Register mpany cannot serve as its own Re etive Florida registration.) lorida street address of th Carlos Cic Na 15726 SW 76	stered Agent. You must design registered agent are: fuegos ne ERRACE	nate an individual or another

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

1 4 3 4 3 4 5 1 4 1 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4	
'AMBR" = Authorized Member	
'MGR" = Manager MGR	Carlos Cienfuegos
More	15726 SW 76 TERRACE
	Miami, FL 33193
	Middin, 11. 33173
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Use attachment if necessary)	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	S
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. Eani award rument to the Department of State constitutes a third-degree
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a doc	ce with section 605.0203 (1) (b), Florida Statutes. Fam aware tument to the Department of State constitutes a thirdslegree
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any fulse information submitted in a doc as provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes. Fain award tument to the Department of State constitutes a third degree