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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	<u>+n</u>
(Cit	y/State/Zip/Filone	")
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(50	Siness Entity (vain	ic)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Canadat Instructions to		
Special Instructions to	Filing Officer:	
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D O'KEEFE MAR 2 0 2020

To: FL Secretary of State Corporation Division

Please find one articles of Conversion:

Honey Real Estate Properties LLC

Please find enclosed a check for \$150 for the certificate of conversion and the new articles of organization

If there are any questions regarding this filing, please call Jessica Marschke at 1-800-981-7183 ext. 1267618

Please return all completed documents to:

Business Filings Incorporated Attn: Filing Department 8020 Excelsior Drive, Suite 200 Madison, WI 53717

Best Regards,

Filing Department Business Filings Incorporated

COVER LETTER

TO:	Registration Division of C						
SUBJ	ECT: Honey	Real Estate Propert	ties LLC				
	-			Florida	Limite	ed Company)	
The er Busine	nclosed Article ess Entity" into	es of Conversion, Artic o a "Florida Limited L	cles of Orga iability Co	anizatio mpany	on, ar ¨in a	nd fees are submitted to coordance with s. 605.1	convert an "Other 045, F.S.
Please	return all corr	espondence concernin	ig this matt	er to:			
Jessi	ca Marschke						
	_	(Contact Person)					
Busin	iess Filings Ir						
		(Firm/Company)					
8020	Excelsior Dr.		·				
		(Address)					
Madis	son, WI 5371	7					
		City, State and Zip Code)	<u> </u>				
	nent@bizfiling	<u> </u>					
E-m	ail Address: (to b	e used for future annual re	port notificat	ions)			
For fur	ther informati	on concerning this ma	tter, please	call:			
Jessid	ca Marschke		_at (800	``	981-	7183	
	(Name of Conta	ict Person)		Code)	(Day	time Telephone Number)	
Enclos	ed is a check f	or the following amou	int:				
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 and Certifi			☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRESS	S:				DDRESS:	
	ration Section on of Corporati	ions				Section orporations	
	Building	10715	P.	. O. Bo	м 632 х 632	27	
	ecutive Cent	er Circle				FL 32314	

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.

. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Honey Real Estate Properties LLC
(Enter Name of Other Business Entity)
. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of New Jersey
10/24/2012 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Honey Real Estate Properties LLC
(Enter Name of Florida Limited Liability Company)
. If not effective on the date of filing, enter the effective date: The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the atte this document is filed by the Florida Department of State; AND 2) must be the same as the effective ate listed in the attached Articles of Organization, if an effective date is listed therein.)
. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 25th day of February	20 20 7		
organica and the state of the s			
Signature of Authorized Representative of Limit	ted Liability/Company:		
	11 N/		
Signature of Authorized Representative:	! ^\//		
Printed Name: Luciana Caplan De Argenton E	Title: Manager		
Queiroz			
Signature(s) on behalf of Other Business Entity:	See Delow for required signature(s).		
Signature:	•		
Printed Name: Luciana Caplan De Argenton E	Title: Manager		
Queiroz			
Signature:			
Printed Name:	_ Title:		
Signature:Printed Name:			
Printed Name:	_ Title:		
61			
Signature:Printed Name:	Title		
Printed Name.	Title.		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	_ Title:		
ICPL 11 C			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Co.	Officer		
If Directors or Officers have not been selected, an Inc			
If Directors of Officers have not occur selected, an inc	SAPORIO Mise sign.		
If Florida General Partnership or Limited Liabilit	ty Partnership:		
Signature of one General Partner.		? *	20
			- 1
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	<u>.</u> .	. ;
Signatures of ALL General Partners.		C ,	()
A.D. sabarres		:::	
All others: Signature of an authorized person.		-	
Signature of an authorized person.			
Fees:			T 4: 02
		- ر	
Articles of Conversion:	\$25.00		
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

Honey Real E	state Properties LLC			
	(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - The mailing add		ne principal office of the Limited	Liability Co	ompany is:
Principal Offic	e Address:	Mailing Address:		
848 Brickell A Miami, FL 331	venue, Ste 1130 131	848 Brickell Avenue, Ste Miami, FL 33131	2 1130	
business entity with	the Florida street address of Mr. Gustavo Havrane		 2	20
		Vame	1.	:]
				;
	848 Brickell Avenue,	Ste 1130	;	()
		Ste 1130 (P.O. Box <u>NOT</u> acceptable)	;	ست ر و ، راک یا
			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	ست ر و ، راک یا
	Florida street address ((P.O. Box <u>NOT</u> acceptable)		11. 20 23. 211 4: 03

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Luciana Caplan De Argenton E Queiroz
	1111 Kane Concourse, Suite 609 Bay Harbour, Florida 33154
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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effective date is listed, the date must b	date of filing: (OPTIONAL oe specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must he days after the date of filing.)	date of filing: (OPTIONAL)  oe specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must he days after the date of filing.)	date of filing: (OPTIONAL)  oe specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must he days after the date of filing.) CLE VI: Other provisions, if any.	date of filing: (OPTIONAL oe specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must he days after the date of filing.)	date of filing: (OPTIONAL oe specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must he days after the date of filing.) CLE VI: Other provisions, if any.  CREQUIRED SIGNATURE:	or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must he days after the date of filing.)  CLE VI: Other provisions, if any.  Signature of a member in accordance with section 605.0203 (1) institutes an affirmation under the penal in aware that any false information sub	or an authorized representative of a member.  (b). Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true, emitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must he days after the date of filing.)  CLE VI: Other provisions, if any.  CREQUIRED SIGNATURE:  Signature of a member in accordance with section 605.0203 (1) institutes an affirmation under the penal im aware that any false information submistitutes a third degree felony as provided.	or an authorized representative of a member.  (b). Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true, smitted in a document to the Department of State lied for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must he days after the date of filing.)  CLE VI: Other provisions, if any.  CLE VI: Other provisions, if any.  Signature of a member in accordance with section 605.0203 (1) institutes an affirmation under the penal am aware that any false information submistitutes a third degree felony as provided in the penal of the	or an authorized representative of a member.  (b). Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true, emitted in a document to the Department of State

ARTICLE IV-