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| (Cit                    | ry/State/Zip/Phone i | #)         |
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| PICK-UP                 | ■ WAIT               | MAIL       |
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| (Bu                     | siness Entity Name   | <b>=</b> ) |
|                         |                      |            |
| (Do                     | cument Number)       |            |
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| Certified Copies        | _ Certificates o     | of Status  |
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| Special Instructions to | Filing Officer:      |            |
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D O'KEEFE MAR 2 4 2020

W20:23993



# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2020

JOSE VILLAR CPA 3850 SW 87 AVE STE 301 MIAMI, FL 33165

SUBJECT: NENICE LLC

Ref. Number: W20000023993

We have received your document for NENICE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please complete the section "Signature(s) on behalf of Other Business Entity: "in the Articles of Conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 920A00004779

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# JOSE A. VILLAR, C.P.A., P.A. CERTIFIED PUBLIC ACCOUNTANT

March 12, 2020

Mr. O'Keefe

Enclosed please find the Articles of Conversion for Nenice LLC and Enasmar LLC. Please note that my client, the owner of the subject LLCs, is currently out of the country. Given the current restrictions on travel and transfer of documents in/out of the country, I emailed to him a copy of your letter along with the pages of the section that required an additional signature. He printed the pages, signed, and emailed back to me the documents. I contacted the Division of Corporations and was advised that scanned PDFs of the originally signed forms are acceptable by your office.

We have also filed the annual report and paid the annual dues for both companies.

Cordially,

Jose Villar, CPA

#### **COVER LETTER**

| <b>TO:</b> New Filing Section Division of Corporation                     | ons                                |                                                                                               |
|---------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|
| 151413ion of Corporation                                                  | 0113                               |                                                                                               |
| SUBJECT: NENICE LLC                                                       | (Name of Resulting Florida Li      | imited Company)                                                                               |
| m                                                                         | •                                  |                                                                                               |
|                                                                           |                                    | zation, and fees are submitted to convert an "Other any" in accordance with s. 605.1045, F.S. |
| Please return all corresponder                                            | nce concerning this matter to      | o:                                                                                            |
| Jose Villar CPA                                                           |                                    | <u></u>                                                                                       |
| (Contac                                                                   | et Person)                         |                                                                                               |
| (Firm/C                                                                   | Company)                           | <del></del>                                                                                   |
| 3850 SW 87 Ave Ste 301                                                    |                                    |                                                                                               |
| (Ac                                                                       | ldress)                            |                                                                                               |
| Miami, FL 33165                                                           |                                    |                                                                                               |
| (City, State                                                              | and Zip Code)                      | _                                                                                             |
| jvillar@villarcpa.com                                                     |                                    |                                                                                               |
| E-mail Address: (to be used for                                           | future annual report notifications | s)                                                                                            |
| For further information conce                                             | rming this matter, please cal      | II:                                                                                           |
| Jose Villar                                                               | at (305                            | ) 448-1648                                                                                    |
| (Name of Contact Person)                                                  |                                    | ode) (Daytime Telephone Number)                                                               |
| Enclosed is a check for the fo dollars and drawn on a bank I              |                                    | as processed by this office must be payable in US                                             |
|                                                                           | 00 Filing Fees                     |                                                                                               |
| Mailing Address: New Filing Section Division of Corporation P.O. Boy 6327 | ons                                | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee         |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# 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: NICE LLC                                                                                 |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      | (Enter Name of Other Business Entity)                                                                                                                                                              |
| 2.   | The "Other Business Entity" is a Limited Liability Company                                                                                                                                         |
|      | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)                                                                            |
| Fir  | st organized, formed or incorporated under the laws of Delaware                                                                                                                                    |
|      | (Enter state, or if a non-U.S. entity, the name of the country)                                                                                                                                    |
| on   | 1/29/2019                                                                                                                                                                                          |
|      | (date of organization, formation or incorporation)                                                                                                                                                 |
| 3.   | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:                                                                                           |
| NE   | ENICE LLC                                                                                                                                                                                          |
|      | (Enter Name of Florida Limited Liability Company)                                                                                                                                                  |
| 4.   | If not effective on the date of filing, enter the effective date:                                                                                                                                  |
| •    | ne effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after                                                                                           |
|      | date this document is filed by the Florida Department of State.)                                                                                                                                   |
|      | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records. |
| 5. 1 | The plan of conversion has been approved in accordance with all applicable statutes.                                                                                                               |
|      | 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 14 day of January                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 20                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Signature of Authorized Representative of Limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
| Signature of Authorized Representative:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title: Managing Member               |
| Signature(s) on behalf of Other Business Entity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | See below for required signature(s)] |
| Signature: SMuccos No. 1874 No | Title: 1917NA GING MEMBER            |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |
| Signature:Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title:                               |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |
| Signature:Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title:                               |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |
| Signature:Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title:                               |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |
| Signature:Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title:                               |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |
| Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title:                               |
| If Florida Corporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |
| Signature of Chairman, Vice Chairman, Director, or C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Micer.                               |
| If Directors or Officers have not been selected, an Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |
| If Florida General Partnership or Limited Liability<br>Signature of one General Partner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y Partnership:                       |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |
| If Florida Limited Partnership or Limited Liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Limited Partnership:                 |
| Signatures of ALL General Partners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |

All others: Signature of an authorized person.

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Cor           | npany is:                                                      |
|-------------------------------------------------|----------------------------------------------------------------|
| NENICE LLC                                      |                                                                |
| (Must contain the words "Lin                    | nited Liability Company, "L.L.C.," or "LLC.")                  |
| -                                               | s of the principal office of the Limited Liability Company is: |
| Principal Office Address:                       | Mailing Address:                                               |
| Principal Office Address:  5445 COLLINS AVE 701 | Mailing Address: 5445 COLLINS AVE 701                          |
|                                                 |                                                                |

The name and the Florida street address of the registered agent are:

| Jose A. Villar CPA, P. | 4                                   |
|------------------------|-------------------------------------|
|                        | Name                                |
| 3850 SW 87 Ave Ste 30  | 1                                   |
| Florida street addre   | ss (P.O. Box <u>NOT</u> acceptable) |
| Miami                  | FL 33165                            |
| City                   | Zip                                 |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

Same of the second

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

| A MARK = A HIDOMANA MANNEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "AMBR" = Authorized Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                     |
| "MGR" = Manager MGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EDUARDO N AMADO                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5445 COLLINS AVE 701                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MIAMI BEACH, FL 33140                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                                                                                                                                   |
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| LE V: Other provisions, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                     |
| REQUIRED SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                     |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |
| Signature of a member or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes. I am aware thument to the Department of State constitutes a third degree felo       |
| Signature of a member or This document is executed in accordance any false information submitted in a document is a document in | r an authorized representative of a member<br>se with section 605.0203 (1) (b), Florida Statutes. I am aware th<br>ument to the Department of State constitutes a third degree felo |