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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2020

GERSON HERNANDEZ GENERAL CORPORATE SERVICES INC. 829 W. PALMDALE BLVD #68 PALMDALE, CA 93551

SUBJECT: BAEM GROUP LLC Ref. Number: W20000053855

We have received your document for BAEM GROUP LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete thth Articles of Conversion. Required signatures are missing.

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

ISSUE CONVECTED

Please File.

Letter Number: 420A00010901

YNX. Gerson

www.sunbiz.org

COVER LETTER

Division of Corporations			
SUBJECT: BAEM GROUP INC.			
(Name of	Resulting Florida Limit	nited Company)	
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limited	rticles of Organizati d Liability Company	tion, and fees are submitted to convert an "O ny" in accordance with s. 605.1045, F.S.	ther
Please return all correspondence concer	ming this matter to:		
Gerson Hernandez			
(Contact Person)		_	
General Corporate Services Inc.			
(Firm/Company)		_	
829 W. Palmdale Blvd #68			
(Address)			
Palmdale CA 93551			
(City, State and Zip Co	dc)	_	
gerson@generalcorporate.com			
E-mail Address: (to be used for future annu	al report notifications)	_	
For further information concerning this	matter, please call:	:	
Gerson Hernandez	at (⁶⁶¹	310 2823	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following at dollars and drawn on a bank located in	mount: (All checks paths the United States)	processed by this office must be payable in	US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S155.00 Filing Fees and Certificate of Status	ees \$180.00 Filing and Certified Co		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of
05/01/2020 on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
BAEM GROUP LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Note: If the date inserted in this block does not meet the applicable statutory thing requirements, this date will not be insert as an
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 19th day of May	20
Signature of Authorized Representative of Limite	d Liability Company:
Signature of Authorized Representative: Printed Name: Bob Lambert	With Authorized Representative
Printed Name: Bob Lambert V	Title: Authorized Nepresentative
Signature(s) on behalf of Other Business Entity: [S	ee below for required signature(s)
Signature:	
Printed Name: Bob Lambert	Title: Incorporator
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	m: 1
Printed Name:	Title:
Signature:Printed Name:	Tid
Printed Name:	_ 11tle:
If Florida Corporation:)ffscar
Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	y variationip.
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	. ,
-	
All others: Signature of an authorized person.	
_	
Fees:	
Articles of Conversion:	\$25.00 \$125.00
Fees for Florida Articles of Organization: Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

DUN 12 AM12: 5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Mu	st contain the words "Limited Link	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	ldress:		t 1 11 - Community
The mailing address	ss and street address of the	principal office of the Limited L	iability Company is:
Principal Office A	<u> iddress:</u>	Mailing Address:	
199 East Flaggler S	t #510	199 East Flaggler St #510	
Miami, FL 33131		Miami, FL 33131	
ADTICLE III D	egistered Agent Registe	ered Office. & Registered Agent	's Signature:
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.) Florida street address of the Registered Agents Inc.		20 JUN
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.) Florida street address of the Registered Agents Inc.	egistered Agent. You must designate an indi-	20 JUN 12
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.) Florida street address of the Registered Agents Inc.	he registered agent are:	20 JUN 12
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.) Florida street address of the Registered Agents Inc. N 7901 4th St N STE 300	he registered agent are:	FILED 20 JUN 12 AN 12: NLOW DESCRIPTION
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.) Florida street address of the Registered Agents Inc. N 7901 4th St N STE 300	he registered agent are:	20 JUN 12

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

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

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	CLIFF MOXEY	_
	UNIT 10 17 CENTERBANK LANE	<u></u>
	FREEPORTBAHAMAS F43018	-
MGR	MICHELLE GOMEZ	
11011	UNIT 10 17 CENTERBANK LANE	-
	FREEPORTBAHAMAS F43018	- -
		-
		<u>-</u>
		-
		_
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		-
(Use attachment if necessary)		2
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ARTICLE V: Other provisions, if any.		12
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<u>REQUIRED</u> SIGNATURE:		. 55 5
	<u></u>	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bob Lambert - Authorized Representative

Typed or printed name of signee

Filing Fees

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