L2000184000

(Re	equestor's Name)	- 41 - 1
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

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JUL 2 - 771)

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 338836 4346691

AUTHORIZATION :

COST LIMIT : \$780.0

ORDER DATE: June 30, 2020

ORDER TIME : 4:56 pm

ORDER NO. : 338836-010

CUSTOMER NO: 4346691

Conversion/Formation LLC DOMESTIC FILING

NAME: INVERSIONES SIGNO LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON:
EXAMINER'S INITIALS:



RESUBMIT

Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 2, 2020

CSC

SUBJECT: INVERSIONES SIGNO LLC

Ref. Number: W20000068615

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

Correct the spelling of the city in Registered Agents address.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 420A00013031



COVER LETTER

ŤO:	New Filing S Division of C				·
SUBJ	FCT: Inversion	nes Signo LLC			
3000	LC1	(Name of Res	sulting Florida Limi	ted Con	npany)
			_		d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:		
Benjar	min Miller				
Georg	e D. Perlman, P	(Contact Person)		-	
1441	Brightall Aug. Puil	(Firm/Company)		-	
	Brickell Ave, Suit	(Address)		-	
Miami	, FL 33131			_	
ben@	() gplawintl.com	City, State and Zip Code)			
E-m	nail Address: (to b	e used for future annual re	port notifications)	-	
For fu	rther informati	on concerning this ma	tter, please call:		
Benjar	min Miller		305 at (374-5	5646
	(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
		or the following amou a bank located in the	· ·	orocess	sed by this office must be payable in US
(\$25 fo. & \$125	0.00 Filing Fees r Conversion for Articles inization)	S155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Co	•	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee
	Tallahassee, I	FL 32314		24151	N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED
2020 JUL -1 PM 1: 24
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

Inversiones Signo S.A.	
(Enter Name of Other Busi	ness Entity)
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited	partnership, general partnership, common law or business trust, etc.)
Organized, formed or incorporated under the laws of	Bahamas
	(Enter state, or if a non-U.S. entity, the name of the country)
January 27, 2017 on	
(date of organization, formation or incorporation)	
	y as set forth in the attached Articles of Organization:
Inversiones Signo LLC	
(Enter Name of Florida Limited Lial	pility Company)
4. If not effective on the date of filing, enter the effect	ive date:
(The effective date: Cannot be prior to date of receithe date this document is filed by the Florida Departion of the date inserted in this block does not meet the application.)	
document's effective date on the Department of State's records.	ne statutory thing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accord	ance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed which such members are entitled under ss. 605.1006 a	to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S.

Signed this 25 day of June	20 <u>20</u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Toby Warticovschi	itje: Manager
Signature(s) on behalf of Other Business Entity:	∨ [See below for required signature(s)]
Signature: (////////////////////////////////////	
Signature: Printed Name: Roby Warticoyschi	Title: Director
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Inversiones Sign	0110		
		iability Company, "L.L.C.," or "LLC.")	
	friest commit the notes Emitted E	rationary Company. E.E.C., of EEC.)	
ARTICLE II - The mailing add	· · · · · · · · · · · · · · · · · · ·	he principal office of the Limited Li	iability Company is:
Principal Offic	e Address:	Mailing Address:	
7733 Forsyth Bl	vd. Suite 1525	1441 Brickell Ave, Suite 1400	
-		Miami, FL 33131	
St. Louis, MO 6.	3105	<u> </u>	
(The Limited Liabilit business entity with	y Company cannot serve as its own an active Florida registration.) ne Florida street address of George D. Perlman, P.A.	vame	
	Florida street address (P.O. Box NOT acceptable)		m s = •
	Miami	33131 FL	24 ATE
	City	Zip	
liability co registered age statutes rela	mpany at the place designate int and agree to act in this coling to the proper and complete obligations of my position a	and to accept service of process for the ed in this certificate, I hereby accept apacity. I further agree to comply what we performance of my duties, and I as registered agent as provided for in Signature (REQUIRED)	the appointment as ith the provisions of all am familiar with and

(CONTINUED)

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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 Toby Warticovschi 7733 Forsyth Blvd, Suite 1525 St. Louis, MO 63105 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. **REQUIRED SIGNATURE:** 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. WARTICONSCHI

ARTICLE IV-

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)

Typed or printed name of signee