# <u>L20002206758</u>

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
— (Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

### COVER LETTER

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<b>TO:</b> New Filing So Division of C		• •	*	
	H TECHNOLOGY COR	Р		
SUBJECT:	(Name of Re-	alting Florida Linu	ed Cor	npany)
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organizati ability Company	on, an ''' in a	nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
CAROLINE LARSON				
	(Contact Person)		•	
LARSON ACCOUNTIN	IG GROUP			
	(Firm/Company)			
7901 KIGSPOINTE PA	RKWAY STE 17			
	(Address)			
ORLANDO FL 32819				
((	'ity, State and Zip Code)		=	
CONSULTING.JULIAN	IA@LARSONACC.COM	1		
E-mail Address: (to b	e used for future annual re	port notifications)	•	
For further information	on concerning this ma	tter, please call:		
MARCELO MARTINS	_		370	3686
(Name of Conta	et Person)	ar ( (Area Code)	Day	rtime Telephone Number)
	or the following amou a bank located in the		roces:	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155,00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		□S185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing S	ection		New	Filing Section
Division of C				ion of Corporations
P.O. Box 632	1		The C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

18HS11 (7:17)

P.O. Box 6327 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SERTECH TECHNOLOGY CORP
(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.)
First organized, formed or incorporated under the laws of [FLORIDA] (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
01/07/2019 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SERTECH TECHNOLOGY 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
he date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
5. 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	18th day of JUNE	E 20
Signature o	f Authorized Represe	entative of Limited Liability Company:
Signature of	Authorized Represent	native: Martelp martins fanas
Printed Nam	e: MARCELO MARTINS	FARIAS Title: PRESIDENT
Signature(s	) on behalf of Other Bu	usiness Entity:  See below for required signature
Signature:	MARCELA MARTINS FANAS	
Printed Nam	e: MARCELO MARTINS	FARIAS Title: PRESIDENT
Signature:		
Printed Nam	e:	Title:
Signature:		
Printed Nam	e:	Title:
Signature:		
Printed Nam	e:	Title:
Signature:		
Printed Nam	e:	Title:
Signature:		
Printed Nam	e:	Title:
lf Florida C	Corporation:	
Signature of	Chairman, Vice Chairm	nan, Director, or Officer.
If Directors	or Officers have not bee	en selected, an Incorporator must sign.
<u>If Florida G</u>	eneral Partnership or	Limited Liability Partnership:
Signature of	one General Partner.	
	imited Partnership or f ALL, General Partners	Limited Liability Limited Partnership:
aighatures o	1 Atriz Ocherai i armers	•
All others: Signature of	an authorized person.	
Fees:		
Artic	cles of Conversion:	\$25.00
Fees	cles of Conversion: for Florida Articles of ified Copy:	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		HNOLOGY LLC		_ <del></del>
()	fust contain the words "Limited	d Liability Company, '	'L.L. C.," or "L.L.C.")	
ARTICLE II - A	ddress:			
The mailing addre	ess and street address o	f the principal of	fice of the Limited I	Liability Company is:
Principal Office	Address:	Mailing	Address:	
8200 NW 41st St		8200 NV	V 41st St	
SUITE 200		SUITE 2	100	
Miami, FL 33166	Miami, FL 33166 Miami, FL 33166		L 33166	
business entity with a	Company cannot serve as its over a citive Florida registration.)	vn Registered Agent.		t's Signature: ividual or another
business entity with a	Company cannot serve as its or active Florida registration.)  Florida street address (	vn Registered Agent.	You must designate un ind agent are:	t's Signature: ividual or another
business entity with a	Company cannot serve as its or active Florida registration.)  Florida street address (	wn Registered Agent." of the registered	You must designate un ind agent are:	t's Signature: ividual or another
business entity with a	Company cannot serve as its or active Florida registration.)  Florida street address (	of the registered Agent.  OCOUNTING GRO  Name	You must designate un ind agent are:	t's Signature: ividual or another
business entity with a	Company cannot serve as its over a citive Florida registration.)  : Florida street address of LARSON AC	of the registered Agent.  Of the registered  CCOUNTING GRO  Name  PARKWAY STE 17	You must designate un ind agent are: DUP	t's Signature: ividual or another
business entity with a	Company cannot serve as its on active Florida registration.)  : Florida street address of LARSON ACTION ACTION TO THE PROPERTY OF THE PROPERTY	of the registered Agent.  OCOUNTING GRO  Name  PARKWAY STE 17  SS (P.O. Box NO	You must designate un ind agent are: DUP	t's Signature: ividual or another
business entity with a	Company cannot serve as its on active Florida street address of LARSON ACTION CONTROL	of the registered Agent.  Of the registered  CCOUNTING GRO  Name  PARKWAY STE 17  SS (P.O. Box NO	You must designate an ind agent are:  DUP  T acceptable)	t's Signature: ividual or another

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR - Manager	MARCELO MARTINS FARIAS
mort .	8200 NW 41st St Suite 200
	Miami, FL 33166
<del></del>	
·	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
MAILELA MARTINS FAMAS	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware tha ment to the Department of State constitutes a third degree felon
м	IARCELO MARTINS FARIAS
Tv	ped 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)