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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

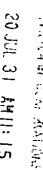
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COVER LETTER

TO:	New Filing So Division of C					
SHRI	ECT: EB JEW	ELS INC				
3000	ECT	(Name of Res	ulting	Florida Limite	ed Com	npany)
The er Busine	nclosed Articlesess Entity" into	s of Conversion. Artic a "Florida Limited Li	les of abilit	Organization of Company	on. and '' in ac	d fees are submitted to convert an "Othe coordance with s. 605,1045, F.S.
Please	return all corre	espondence concerning	g this	matter to:		
Roark	R. Monahan					
	-	(Contact Person)				
Monat	nan-Mijares CPA	, PA				
		(Firm/Company)				
75 Val	lencia Avenue, S	Suite 703				
		(Address)				
Corol	Gables, FL 3313					
Corar						
info@i	۱۱ monahanmijares	City, State and Zip Code)				
_	•	e used for future annual re		atifications)		
t:-n	naii Address: (to b	e used for future annual re	ропти	ottiications)		
For fu	rther informati	on concerning this ma	tter, p	olease call:		
Roark	R. Monahan		at (305	407-	1440
	(Name of Conta	ict Person)	,		·/ 	time Telephone Number)
		for the following amou a bank located in the			rocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add	ress:			Street	t Address:
	New Filing S	ection			New	Filing Section
	Division of C					ion of Corporations
	P.O. Box 632	. /			The C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

Tallahassee, FL 32314

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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" immedia EB JEWELS INC	ately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Bu	isiness Entity)
2. The "Other Business Entity" is a	P 17 000056685 ed partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limite	ed partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the lav	State of Florida ws of (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)
June 30, 2017	
(date of organization, formation or incorporation)	
EB JEWELS LLC (Enter Name of Florida Limited L	any as set forth in the attached Articles of Organization:
(Effet Name of Fiorida Chimea 1.	natinty Company)
4. If not effective on the date of filing, enter the effe	
the date this document is filed by the Florida Dep	ceipt or filed date nor more than 90 calendar days after partment of State.)
<u>Note:</u> If the date inserted in this block does not meet the applie document's effective date on the Department of State's records	cable statutory filing requirements, this date will not be listed as the s.
5. The plan of conversion has been approved in acco	ordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agree	ed 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 8th day of July	20 <u>20</u>
Signature of Authorized Representative of Limited	d Liability Company:
Signature of Authorized Representative:	crellerges
Printed Name: Eleonora Beracasa	Title: AMBR
Signature(s) on behalf of Other Business Entity: Se	ee below for required signature
Signature: Clawre Buacast	
Printed Name: Eleonora Beracasa	Title: President
	
Signature:Printed Name:	Titla
Printed Name:	Title
Signature:Printed Name:	
Printed Name:	
Signature:	
Printed Name:	
 -	
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershi <u>p:</u>
Signature of one General Partner.	
_	4. Limited Dortnership:
If Florida Limited Partnership or Limited Liabili	ty Limited Partnersing.
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	Liability Company	IS:			
EB JEWELS LLC.		(2)	- nt 1 (1 ")		
(Must conta	in the words "Limited Lia	bility Company, "L.L.C.," c	or "L.L.C.)		
ARTICLE II - Address					
The mailing address and	street address of the	e principal office of t	he Limited Liabilit	y Compan	y is:
Principal Office Addres	<u>:s:</u>	Mailing Addre	ess:		
600 NE 27TH STREET UN	IIT 1903	75 Valencia Avenue, Suite 703			
MIAMI, FL 33137		Coral Gables, FL 33134		_	
					
ARTICLE III - Registe (The Limited Liability Company business entity with an active FI The name and the Florida Roart	cannot serve as its own Roorida registration.)	egistered Agent. You must o	designate an individual o	ranother 20 JUL	
	Name				-13-1
75 Va	alencia Avenue, Suite	703			
Flor	Florida street address (P.O. Box NOT acceptable)			=	
Coral	Gables	FL ³³¹³⁴		: 15	75.74 20.74
	City	Zip			•
registered agent and ag statutes relating to the accept the obligation	the place designate gree to act in this ca e proper and comple ons of my position as	d in this certificate, L pacity. I further agre	hereby accept the a e to comply with the duties, and I am fo provided for in Chap	ppointmen provision miliar with	t as s of all i and

(CONTINUED)

Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager **ELEONORA BERACASA** AMBR 600 NE 27TH STREET UNIT 1903 MIAMI, FL 33137 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. **REQUIRED SIGNATURE:** leowrelk encicus 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. **ELEONORA BERACASA** 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)

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

Company: