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| (Re | equestor's Name) | |
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| (Ac | idress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | usiness Entity Nar | ne) |
| (De | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | | ling Section n of Corpora | tions | | • | | |
|---------------------|--|---|-----------------------------------|---|---|--|--------|
| 211D I | IECT: _ | MAPAFEM | MCE II, LLC | | | | |
| 50150 | ECT. | | (Name of I | Resulting Florida L | mited Con | npany) | |
| | | | | | | d fees are submitted to convert an ecordance with s. 605.1045, F.S. | 'Othei |
| Pleaso | e return a | ll correspond | ence concern | ing this matter t | o: | | |
| Mai | uricio Cu | eva-Eguigu | ren | | | | |
| _ | | (Con | tact Person) | · · · · · · · · · · · · · · · · · · · | | | |
| MA | PAFEMO | CE II, LLC | | | | | |
| | | (Firn | ı/Company) | | | | |
| 242 | 2 S. Was | hington Blvd | d., Ste. 190 | | | | |
| | | (, | Address) | | | | |
| Sai | rasota. F | L 34236 | | | | | |
| | | (City, Sta | te and Zip Code | :) | | | |
| lox | a52@ya | hoo.com | | | | | |
| E-1 | nail Addre | ss: (to be used f | or future annual | report notification | s) | | |
| For fi | irther info | ormation con | cerning this r | natter, please ca | 11: | , | |
| Mau | ricio Cue | eva-Eguigur | en | at (_941-26 | 50-9648 | | |
| | (Name o | of Contact Perso | on) | at (Area Co | ode) (Day | rtime Telephone Number) | |
| | | | | iount: (All check ne United States | | sed by this office must be payable | in US |
| (\$25 ft & \$12: | 50.00 Filing or Conversi 5 for Article anization) | on and Co | 5.00 Filing Fee. ertificate of | s S180.00 Fi and Certified | - | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| INHS1 | New Fi Divisio P.O. Bo | g Address: ling Section n of Corpora ox 6327 ssee, FL 323 | tions P, 14 & (37 6 miss | READY 41D CK H 1175 50 117/20 Cing \$ 12.5 | New Divis The C 2415 Tallal | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 | |
| | | | . 12 | コノコ ノーメ | ガ | | |

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.

| (Enter Name of Other Business E | ntity) |
|---|--|
| 2. The "Other Business Entity" is a Limited Liability Cor | poration |
| (Enter entity type, Example: corporation, limited partner | rship, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of | State of Connecticut |
| (Enter | er state, or if a non-U.S. entity, the name of the country) |
| on September 28, 2004 (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as s | set forth in the attached Articles of Organization: |
| The name of the Florida Limited Liability Company as s MAPAFEMCE II, LLC | |
| 3. The name of the Florida Limited Liability Company as s | Company) atc: September 28, 2004 filed date nor more than 90 calendar days after nt of State.) |

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

| Signed this 5th day of September | 20 <u>20</u> . |
|---|--|
| Signature of Authorized Representative of Limi | ited Liability Company: |
| Signature of Authorized Representative: Mauricio Cueva-Eguiguren | Title: Managing Partner |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: Mouera opuisceses. Printed Name: Mauricio Cueva-Egriguren | 7 Managing Partner |
| | |
| Signature: Raria del Carman Cuera Printed Name: Maria del Carmen Cueva | |
| Signature: Vauligna Cueva-Equiques Printed Name: Paulina Cueva-Eguiguren | Partner Partner |
| | |
| Signature: Printed Name: | Title: |
| Signature:Printed Name: | |
| 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 In | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| MAPAFEMCE II, LLC (Must contain the words "Limited Liab | bilin Commun. 1.1.C. " or "L.C.") |
|---|--|
| (Must contain the words Limited Lat | only Company, L.I.C., or tree. |
| ARTICLE II - Address: | |
| The mailing address and street address of the | principal office of the Limited Liability Compar |
| Principal Office Address: | Mailing Address: |
| 242 S. Washington Blvd, Ste. 190 | 242 S. Washington Blvd, Ste. 190 |
| Sarasota, FL 3423 | Sarasota, FL 34236 |
| | |
| | - |
| ARTICLE III - Registered Agent, Register | |

IS:

| Nam | c |
|-----------------------------|-------------------------------|
| 242 S. Washington Blv | d., Ste. 190 |
| Florida street address (P.C |). Box <u>NOT</u> acceptable) |
| Sarasota | FL 34236 |
| City | Zip |

Mauricio Cueva-Eguiguren

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-

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

| <u> Fitle:</u> | |
|--|--|
| 'AMBR" = Authorized Member | |
| 'MGR" = Manager MGR | Mauricio Cueva-Eguiguren |
| WGN | 242 S. Washington Blvd., Ste. 190 |
| | Sarasota, FL 34236 |
| | |
| MGR | Maria del Carmen Cueva |
| | 242 S. Washington Blvd., Ste. 190 |
| | Sarasota, FL 34236 |
| MGR | Paulina Cueva-Eguiguren |
| | 242 S. Washington Blvd., Ste. 190 |
| | Sarasota, FL 34236 |
| | |
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| | |
| | |
| (Use attachment if necessary) | |
| (Use attachment if necessary) LE V: Other provisions, if any. | |
| , | |
| , | Sugar |
| LE V: Other provisions, if any. | Guguren |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | 7) -0 |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance. | or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes, I am aware the neument to the Department of State constitutes a third degree felo |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordan any false information submitted in a do as provided for in s.817.155, F.S. | or an authorized representative of a member ace with section 605.0203 (1) (b), Florida Statutes, I am aware the |
| REQUIRED SIGNATURE: Signature of a member of a member of any false information submitted in a do as provided for in s.817.155, F.S. | or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo |