L20000386370

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2020 BEC 15 FM 1: 12

SECRETANT OF STATE
TALLAMASSEE, FL

2020 DEC 15 MM S: 30

had .

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/15/2020	-				**WALK IN**
ENTITY NAME FLATIR	ON FBT LLC				
DOCUMENT NUMBER_					
	PLEASE FILE	THE ATTACH	ED AND RETUR	W	
<u>xxxx</u>	Plain Copy Certified Copy Certificate of Stati	ius			
**	PLEASE OBTAIN THE Certified Copy of 1	•		E ENTITY**	
	Certificate of Good		w		
	APOSTILLE'	/ NOTARIAL	CERTIFICATIO	ON	
COUNTRY OF DESTINA, NUMBER OF CERTIFICA	•				
TOTAL OWED \$150.00)		ACCOUNT #	: I20160000072	
Please call Tina at t	he above number f	for any issues		Thank you so	much!

FILED

2020 DEC 15 AM 8: 30

Articles of Conversion For "Other Business Entity"

Florida Limited Liability Company

Into

SECRETARY OF STATE TALLAHASSEE, FL

with the

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: FLATIRON FBT INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
11/25/2019 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:
FLATIRON FBT 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. 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 day of _ \(\text{UE or V2-}\)	20 . 2 (.
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative; Printed Name: Rodrigo Besoy Sanchez	,
Signature(s) on behalf of Other Business Entity: 1	See below for required signature(s)]
Signature: Printed Name: Rodrigo Besoy Sanchez	Title: D/P/S
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
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.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain	the words "Limited Li	lability Company, "L. L.C.," or "(J.C.,")	
ARTICLE II - Address:			
The mailing address and s	treet address of th	ne principal office of the Limited Liab	pility Company is:
Principal Office Address	<u>:</u>	Mailing Address:	14 · *
304 Palermo Avenue		1000 Brickell Plaza Unit 3102	
Coral Gables, Florida 33134		Miami, FL 33131	
	annot serve as its own	ered Office, & Registered Agent's S Registered Agent. You must designate an individu	ral or another
(The Limited Liability Company c- business entity with an active Flo The name and the Florida	annot serve as its own rida registration.) street address of	Registered Agent. You must designate an individu	ial or another SECRET FALLA
(The Limited Liability Company c- business entity with an active Flo The name and the Florida	annot serve as its own ida registration.) street address of M. Hernandez, Es	Registered Agent. You must designate an individu	2020 DEC 15
The Limited Liability Company c business entity with an active Flo The name and the Florida Saidin	annot serve as its own ida registration.) street address of M. Hernandez, Es	Registered Agent. You must designate an individual the registered agent are:	2020 DEC 15
(The Limited Liability Company consiness entity with an active Flot The name and the Florida Saidin	annot serve as its own rida registration.) street address of M. Hernandez, Es	Registered Agent. You must designate an individuate the registered agent are: q	2020 DEC 15 AM 8: SECRETAIN OF ST
The Limited Liability Company countries entity with an active Flot The name and the Florida Saidin	annot serve as its own rida registration.) Street address of M. Hernandez, Es Allermo Avenue da street address (Registered Agent. You must designate an individu the registered agent are: q. Kame	2020 DEC 15 AM SECRETARY OF TALLAHASSED

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)

888 888
DEC
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No.
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Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Rodrigo Besoy Sanchez	-
	1001 South Miami Ave. Unit 4212	-
	Miami, Florida 33130	-
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(Use attachment if necessary)		[1]
(830 2020,00000000000000000000000000000000		
CLEAN OLD III III		
CLE V: Other provisions, if any.		•
REQUIRED SIGNATURE:		
REVOIRED 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 to the Department of Statute and third department of	thai
any false information submitted in a docur as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree fel	lon
us provided for in siot 7.135, 7.5.		
Rodrigo Besoy Sanchez	1/2	

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

ARTICLE IV-