L20000393658

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

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12/23/20--01001--022 **180.00

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Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 12/22/2020

Trans#: 1171002

_Entity-Name: CANARIA'S MANAGEMENT INC: (FL) CONVERTING INTO

Articles Incorporation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	

STATE FEES PREPAID WITH CHECK #2043 FOR \$180.00

PLEASE RETURN:

Certified Copy (XXX) Plain Photocopy ()

Good Standing () Certificate of Fact ()

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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.
Statutes. $P/G - 5/994$
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: CANARIAS MANAGEMENT INC
(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
(Enter state, or if a non-U.S. entity, the name of the country)
06/14/2016 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:
CANARIAS MANAGEMENT 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 _December	20_20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: // (22.) Printed Name: Nancy C. Andrade	Title: Investment Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Printed Name Nancy C. Andrage	Title: President
Signature:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners.	ty 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na			
The name of the L	imited Liability Company	is:	
CANARIAS MANAC	GEMENT LLC		
(Mı	ust contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	ldress:		
		principal office of the Limited Liability Compa	anv is:
Principal Office A		Mailing Address:	•
13677 SW 26 Street	ŧ	13677 SW 26 Street	
		10011 20 00000	
Miami, FL 33175 ARTICLE III - R	egistered Agent Register	Miami, FL 33175	
ARTICLE III - R (The Limited Liability Co business entity with an a	ompany cannot serve as its own Resective Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another	
ARTICLE III - R (The Limited Liability Co business entity with an a	ompany cannot serve as its own Resective Florida registration.) Florida street address of the	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:	
ARTICLE III - R (The Limited Liability Co business entity with an a	ompany cannot serve as its own Resective Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: RT SERVICES INC.	
ARTICLE III - R (The Limited Liability Co business entity with an a	propany cannot serve as its own Resective Florida registration.) Florida street address of the FLORIDA ANNUAL REPORTS Na	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: RT SERVICES INC.	
ARTICLE III - R (The Limited Liability Co business entity with an a	propany cannot serve as its own Resective Florida registration.) Florida street address of the FLORIDA ANNUAL REPORT Na 2300 Coral Way, Suite 200	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: RT SERVICES INC.	
ARTICLE III - R (The Limited Liability Co business entity with an a	propany cannot serve as its own Resective Florida registration.) Florida street address of the FLORIDA ANNUAL REPORT Na 2300 Coral Way, Suite 200	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: RT SERVICES INC.	

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)

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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		
MGR	Nancy C. Andrade	
	14040 SW 22 Street	
	Miami, FL 33175	
MGR	Luis M. Andrade	
	14040 SW 22 Street	_
	Miami, FL 33175	
MGR	Vivian Williams	
•	2300 Coral Way, Suite 200	_
	Mlami, FL 33145	_
		_
(Use attachment if necessary)		
CLE 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.

Nancy C. Andrade

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) "

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