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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(5.		,
	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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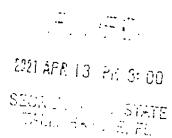
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	ng Section	ا مله مد	•••	e e e e e e e e e e e e e e e e e e e	व	
SUBJECT: JEM	Logistics Group, LLC					
		sulting Florida Li	mited Co	mpany)	<u>,                                      </u>	
	ticles of Conversion, Artic into a "Florida Limited L	_	•			
Please return all	correspondence concernin	g this matter to	<b>)</b> :			
Maria Jose Granad	dos-Godoy					
	(Contact Person)					
Simply Legal LLP						
	(Firm/Company)		<del></del> -			
1200 Brickell Aver	nue, Suite 850					
	(Address)	·····•				
Miami, FL 33131						
· <del>-</del>	(City, State and Zip Code)	<del>,</del>				
clients@simplylega	algroup.com					
E-mail Address:	(to be used for future annual re	port notifications	)			
For further inform	nation concerning this ma	itter, please cal	l:			
Maria Jose Granad	dos-Godoy	at ( <sup>305</sup>	) <sup>858-</sup>	6208		
(Name of C	Contact Person)	(Area Co	de) (Da	ytime Telepho	one Number)	<del></del>
	ck for the following amount on a bank located in the		s proces	sed by this	office must	be payable in US
\$150.00 Filing Fe \$25 for Conversion & \$125 for Articles of Organization)		S180.00 Fili and Certified C		□\$185.00 Certified C Certificate		
Mailing A				t Address:		
	ng Section of Corporations			Filing Secti ion of Corp		
P.O. Box	-			Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: JEM Logistics Group LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
07/07/2020 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:
JEM Logistics Group 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 /2 day of April	20 <u>21 A</u> .
Signature of Authorized Representative of Limit	ted Lizbility Company:
Signature of Authorized Representative:	K. Marana
Printed Name: Martin Mantilla	
Signature(s) on behalf of Other Business Entity: [ Signature:	See below for required signature(s)]
Printed Name: Martin Mantilla	Title: Manager
	Title.
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
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Signature:	mi i
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Titled Hallo.	I RIC.
Signature:	
Signature:Printed Name:	Title:
1f Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or G	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	y Partnership:
Signature of one General Partner.	
TOTAL TALL OF THE STATE OF THE	
If Florida Limited Partnership or Limited Liabilit	v Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
_	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: .	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: .imited Liability Company is:		
JEM Logistics Grou	p LLC ust contain the words "Limited Liabilit	ry Company, "L.L.C.," or "LLC.")	<del>-</del>
ARTICLE II - Ad The mailing addre	ddress: ess and street address of the p	rincipal office of the Limited	d Liability Company is:
Principal Office	Address:	Mailing Address:	
15275 Collier Blvd.	#201-590	15275 Collier Blvd #201-59	0
Naples, FL 34119		Naples, FL 34119	<del></del>
(The Limited Liability C business entity with an	Registered Agent, Registered Company cannot serve as its own Registrative Florida registration.)  Florida street address of the I Simply Legal LLP  Name	tered Agent. You must designate an i	ent's Signature: ndividual or another  SEL APR 13 PH S: 00
	1200 Brickell Avenue, Suite 8	<del></del>	
	Florida street address (P.O		' A O
	City	Zip	
liability comp registered agent statutes relatin	med as registered agent and to pany at the place designated in and agree to act in this capac g to the proper and complete pligations of my position as reg	this certificate, I hereby acc ity. I further agree to compl performance of my duties, an	ept the appointment as y with the provisions of all ad I am familiar with and

(CONTINUED)

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

"AMBR" = Authorized Member "MGR" = Manager MGR	LRM Trust 1200 Brickell Avenue, Suite 850 Miami, FL 33131	<u>-</u>
	1200 Brickell Avenue, Suite 850	
MGR	1200 Brickell Avenue, Suite 850	
	Miami, FL 33131	
	<del></del>	<del></del>
	- <u></u>	<u> </u>
		-15
		.; « <del></del> -
(11 1 16		•
(Use attachment if necessary)		-
CLE V: Other provisions, if any.		£
LLE V: Other provisions, if any.		
	<del>-/- </del>	
11	<del>/ /</del>	
REQUIRED SIGNATURE: //	/ /	
THE STATE OF THE S		
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 aw	are that
any false information submitted in a docum	nent to the Department of State constitutes a third degre	e felony
as provided for in s.817.155, F.S.  Mortin Ma	, 11/2	
Mortin Ma	autilla	
Tur	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)