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	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:

Office Use Only

Luc 7/20/21

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COVER LETTER

TO:	New Filing S Division of G	Section Corporations						
SHRI	ECT. BR4 Qu	aestum Services, LLC						
SOD	<u> </u>		sulting Florida Li	mited Co	mpany)			
			_	-	nd fees are submitted taccordance with s. 605			her
Please	return all con	respondence concerning	ng this matter to):				
Luis G	. Musa							
		(Contact Person)						
DiFalco	o, Fernandez ai	nd Kaplan						
		(Firm/Company)						
777 Bri	ickell Avenue, S	Suite 630				- :.	202	
		(Address)		_		F	<u> </u>	
Mlami,	FL 33131					₩ 22 ₩;	2021 MAY 18	
		City, State and Zip Code)				<i>:</i> :		
LMusa	@DFKfirm.com	•				•		• •
E-m	ail Address: (to b	e used for future annual re	port notifications)				 5	-7
For fur	ther informati	on concerning this ma	tter, please call	:		•),	
Luis G.	Musa		at (³⁰⁵	_\ 569-	9800			
	(Name of Conta	ict Person)		e) (Day	ytime Telephone Number)			
		or the following amou a bank located in the			sed by this office must	t be payal	ole in U	S
\$25 for & \$ 125	.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filir and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suitassee, FL 32303	te 810		

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 Specialty and Top Quality Produce LLC	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common la	w or business trust, etc.)
First organized, formed or incorporated under the laws of	ne of the country)
December 10, 2019	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Organization:
BR4 Quaestum Services, LLC	
(Enter Name of Florida Limited Liability Company)	
5/13/2021	
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 ca	lander deve efter
the date this document is filed by the Florida Department of State.)	nendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	I not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal ri which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	ights the amount to
	* 60 Em
	211
	<u>□</u>
	2021 HAY 18

Signed this	day of <u>May</u>				
Signature of A	uthorized Representative of Limi	ted Liability Company:			
Signature of Au	thorized Representative:	1_1-			
Printed Name: Ju	an Carlos Aguirre	Title: Manager/Managing Partner	_		
 ,					
Signature(s) on	behalf of Other Business Entity:	[See below for required signature(s)]			
a: .	1	~			
Signature:	11 1=	Title: Manager/Managing Partner	•		
Printed Name:	Juan Carlos Aguirre	Title: Manager/Managing Partner	•		
Signature:					
Printed Name:		Title:	-		
Signature:		Title:			
Printed Name:			•		
Signature:			-		
Printed Name:		Title:	-		
•		Title:	•	-	
Printed Name:		IIdo.	•		
Signature:			-		
Printed Name:		Title:	•		
If Florida Corpo	oration:	Officer			
Signature of Cha	irman, Vice Chairman, Director, or fficers have not been selected, an Inc	corporator must sign.			
II Directors of O	inecis have not been selected, a				
If Florida Gene	<u>ral Partnership or Limited Liabili</u>	ty Partnership:			
Signature of one	General Partner.				•
warm to their	Danta authin au Limited Liobili	ty I imited Partnership			
Simetures of AI	ed Partnership or Limited Liabili L General Partners.	ty Dinited I at the issue.	*	2	
Signatures of Ac	Goneral Factors.			2021 HAY	
All others:			<u>.</u>	臺	
Signature of an a	uthorized person.		Ţ.		
P			•	(C)	
Fees:			•	ander.	• •
Articles	of Conversion:	\$25.00		**	٠.٤
	Florida Articles of Organization:	\$125.00	_	CH C	
Certified		\$30.00 (Optional)	-	,	
	te of Status:	\$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•		
ARTICLE 1 - Name:		
The name of the Limited Liability Company is	s:	
BR4 Quaestum Services, LLC	77. 0 47.07.49	1.6.7
(Must contain the words "Limited Liab	ility Company, "L.L.C., " or "L	I.C.)
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the I	Limited Liability Company is:
n	NA 91 . A 1.1 .	
Principal Office Address:	Mailing Address:	
777 Brickell Avenue, Suite 630	777 Brickell Avenue,	Suite 630
Miami, FL 33131	Miami, FL 33131	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg	ed Office, & Registere	ed Agent's Signature:
business entity with an active Florida registration.)	isicica Agent. Tou must desig	line an individual of another
The same and the Plant de stand address of the	- nonintered agent and	
The name and the Florida street address of the	registered agent are.	
DiFalco, Fernandez and Kap	olan	
Nar	ne	
777 Brickell Avenue, Suite 6		
Florida street address (P.		e)
Miamî	FL 33131	
City	Zip	
0.13	-	
Having been named as registered agent and		
liability company at the place designated	in this certificate, I here	by accept the appointment as
registered agent and agree to act in this capa	icity. I further agree to	comply with the provisions of all
statutes relating to the proper and complete	performance of my aut	ies, and I am Jamiliar with and
accept the obligations of my position as r	egisierea ageni as provi	aea for in Chapter 603, F.S
	· /·	
		•
Registered Agent's Sig	enature (REQUIRED)	
		2821 MAY
		5.
(CONTI	NUED)	
·		🚉 🛂

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	Juan Carlos Aguirre		_
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1760 Samantha Bend		_
	Chamblee, GA 30341	<u></u>	-
			-
			-
			-
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		<u>*</u>	1207
			MAT
		S 2:	~ ~
(Use attachment if necessary)		•	
(5.00 2.000 2		~	"रा 7}
			
TICLE V: Other provisions, if any.		*	
		· <u> </u>	
	. / ,		
REQUIRED SIGNATURE:	11-		
			-

ARTICLE IV-

as provided for in s.817.155, F.S.

Juan Carlos Aguirre

Typed or printed name of signce

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) \$ 30.00 Certified Copy (Optional)