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| (Cit                    | y/State/Zip/Phoni | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filling Officer;  |             |
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Office Use Only

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J DENNIS

## **COVER LETTER** § \*\*

| <b>TO:</b> New Filing Section Division of Corporations                                   |  |
|--|--|
| ·  | o ile  |
| SUBJECT: c corporation conversion (Nan   | e of Resulting Florida Limited Company)  |
|  |  |
|  | Articles of Organization, and fees are submitted to convert an "Other ited Liability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence cor   | cerning this matter to:  |
| Dario Santana  |  |
| (Contact Perso   | )  |
| Prive alliance solutions   |  |
| (Firm/Compan   | )  |
| 6303 Blue lagoon Dr. Waterford $\sim$ 5  | nte 494  |
| (Address)  |  |
| Miami, FL 33126  |  |
| (City, State and Zip   | Code)  |
| obatmiami@gmail.com  |  |
| E-mail Address: (to be used for future a   | nnual report notifications)  |
| For further information concerning to  | nis matter, please call:   |
| Dario Satana   | at (305 )6130278   |
| (Name of Contact Person)   | (Area Code) (Daytime Telephone Number)   |
| Enclosed is a check for the followin dollars and drawn on a bank located                 | g amount: (All checks processed by this office must be payable in US in the United States)   |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | ~  |
| Mailing Address:   | Street Address:  |
| New Filing Section   | New Filing Section   |
| Division of Corporations P.O. Box 6327   | Division of Corporations The Centre of Tallahassee   |

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 <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: Falcon Exotic Car rentals and service, 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)   |
| February 5th 2021 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:   |
| Falcon Exotic Car Rentals and Services, 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 First day of June                           | 20                                  |
|---|-------------------------------------|
| Signature of Authorized Representative of Limi          | ted)Liability Company:              |
| Signature of Authorized Representative:                 | Can 1                               |
| Printed Name: Raul Maura                                | Title: PT                           |
| Timed Name, Itali Madra                                 |                                     |
| Signature(s) on behalf of Other Business Entity:        | See below for required signature(s) |
| Signature:  |                                     |
| Printed Name: Kariha Quinto                             | Title: VP                           |
|   |                                     |
| Signature:  |                                     |
| Signature: Printed Name: Maura Quinto Holding LLC.      | Title: MGR                          |
|   |                                     |
| Signature:  |                                     |
| Printed Name:   | Title:                              |
| Signatura   |                                     |
| Signature: Printed Name:                                | Title                               |
| Fillined Name.  | rue                                 |
| Signature:  |                                     |
| Printed Name:   | Title:                              |
|   |                                     |
| Signature:  |                                     |
| Printed Name:   |                                     |
|   |                                     |
| If Florida Corporation:                                 |                                     |
| Signature of Chairman, Vice Chairman, Director, or      |                                     |
| If Directors or Officers have not been selected, an Inc | corporator must sign.               |
| If Florida General Partnership or Limited Liabili       | tu Bautnauchin.                     |
| Signature of one General Partner.                       | ty ratthersmp.                      |
| orginatale of one general function.                     |                                     |
| If Florida Limited Partnership or Limited Liability     | ty Limited Partnership:             |
| Signatures of ALL General Partners.                     |                                     |
|   |                                     |
| All others:   |                                     |
| Signature of an authorized person.                      |                                     |
| Fees:   |                                     |
|   |                                     |
| 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

|                  | e Limited Liability Compa                                       | iny is:   |     |
|------------------|---|---|-----|
| Falcon Exotic Re | entals and Services, LLC  |   |     |
|                  | (Must contain the words "Limited                                | Liability Company, "L.L.C.," or "LLC.")               |     |
| ARTICLE II -     | Address:  |   |     |
| The mailing ad   | dress and street address of                                     | the principal office of the Limited Liability Company | is: |
| Principal Offic  | ce Address:   | Mailing Address:                                      |     |
| 2370 NW 17TH     | ave. Apt.208  | 2370 NW 17TH ave. Apt.208                             |     |
| Miami, FI 33142  |   | Miami, Fl 33142                                       |     |
|                  | <del>, , , , , , , , , , , , , , , , , , , </del>               |   |     |
| •                | h an active Florida registration.) the Florida street address o | f the registered agent are:                           |     |
|                  |   | Name  |     |
|                  |   |   |     |
|                  | 2370 NW 17tTH ave.  |   |     |
|                  |   | s (P.O. Box NOT acceptable)                           |     |
|                  |   | 331/2   |     |
|                  | Florida street addres   | •   |     |

(CONTINUED)

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|--------|----|----|---|----|-----|-----|
| $\sim$ |    |    | • |    |     | , - |

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

| <u> Fitle:</u>                  | Name and Address:  |
|---------------------------------|--|
| 'AMBR" = Authorized Member      |  |
| 'MGR" = Manager                 |  |
| AMBR                            | Maura Quinto Holding LLC.  |
|                                 | _same as principal   |
|                                 |  |
| AMBR                            | Raul Maura   |
| <del></del>                     | same as principal  |
| AMBR                            | Karina Quinto  |
|                                 | Same as principal  |
|                                 |  |
|                                 |  |
|                                 |  |
|                                 |  |
| Use attachment if necessary)    |  |
|                                 |  |
| LE V: Other provisions, if any. |  |
|                                 |  |
|                                 |  |
|                                 |  |
| REQUIRED SIGNATURE:             | <del>9</del> 3   |
| STORATORE.                      |  |
| d->-                            | <del></del>  |
|                                 |  |
| Signature of a member or        | an authorized representative of a member   |
|                                 | an authorized representative of a member<br>with section 605.0203 (1) (b), Florida Statutes, I am awar |

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)