L21000478246

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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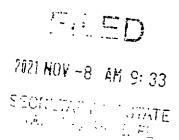
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME	nvestments Corp	(DOCUMENT #)
2(CORPORATE NAME	<u></u>)	(DOCUMENT #)
3. (CORPORATE NAME	<u></u> -	(DOCUMENT #)
☐ Walk-In X P	Pick up time: Certified Co	pγ 🗍 Certificate Of Status
Walk-In X P	Pick up time: Certified Co	ργ Certificate Of Status Other Filings
New Filings		
New Filings Profit	Amendments	Other Filings
New Filings Profit Non-Profit	Amendments Amendments	Other Filings Annual Report
	Amendments Amendments Resignation	Other Filings Annual Report Fictitious Name

Examiners Initials	



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: FEB INVESTMENTS CORP.
(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)
07-05-2017 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:
FEB INVESTMENTS 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 1 day of NOVEMBER	20 21 .
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: BISCHOFF, HILDA	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	[See helow for required signature(s)]
Signature: Printed Name: BISCHOFF, HILDA	u H
Printed Name: BISCHOFF, HILDA	TILLORECTOR
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	ar. I
Printed Name:	I itle:
If Florida Corporation:	O.W
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Fartnersmp.
If Florida Limited Partnership or Limited Liabili	ty I imited Partnership
Signatures of ALL General Partners.	C Similed Farincismp.
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	550 04.54-	•••		
	Must contain the mode =1 :	MENTS GROUP LLC		
,	The second of the second of the	mited Limbility Company, "L.L.C.," or "L.L.C.,"		
ARTICLE II - A	Address:			
The mailing add	ress and street address	s of the principal office of the Limited Liahi	lity Company is:	
Principal Office		Mailing Address:		
4611 NW 74 Ave		4611 NW 74 Avg		
MIAMI, FL 33166				
		MIAMI, FL 33166		
ARTICLE III -	Registered Agent, I	Registered Office, & Registered Agent's S		
ARTICLE III - (The Limited Liability business entity with a	Registered Agent 1	Registered Office, & Registered Agent's S		
business entity with a	Registered Agent, I Company cannot serve as i an active Florida registration	Registered Office, & Registered Agent's S		 1
business entity with a	Registered Agent, I Company cannot serve as i an active Florida registration	Registered Office, & Registered Agent's S is own Registered Agent. You must designate an individu i.) ess of the registered agent are:	2021 200	
business entity with a	Registered Agent, I Company cannot serve as in an active Florida registration e Florida street addre	Registered Office, & Registered Agent's S is own Registered Agent. You must designate an individu i.) ess of the registered agent are:	2021 NOV -8	
business entity with a	Registered Agent, I Company cannot serve as in an active Florida registration e Florida street addre	Registered Office, & Registered Agent's S is own Registered Agent. You must designate an individual.) ess of the registered agent are:	2021 HOV -8 AM	T
business entity with a	Registered Agent, I Company cannot serve as i an active Florida registration e Florida street addre BISCHOFF, HILDA	Registered Office, & Registered Agent's S is own Registered Agent. You must designate an individual.) ess of the registered agent are:	2021 NOV -8 AM 9:	
business entity with a	Registered Agent, I Company cannot serve as i an active Florida registration e Florida street addre BISCHOFF, HILDA	Registered Office, & Registered Agent's S ts own Registered Agent. You must designate an individual.) ess of the registered agent are: Name	2021 HOV -8 AM	

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	BISCHOFF, HILDA
	4611 NW 74 Ave
	MIAMI, FL 33166
(Use attachment if necessary)	•
LE V: Other provisions, if any.	: :n
REQUIRED SIGNATURE:	
× 	ilde Bischoff
Signature of a member or a	an authorized representative of a member
any false information submitted in a docum	In authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware that sent to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	to the Department of State constitutes a third degree felony
	BISCHOFF, HILDA
Tvr	ped or printed name of signee
• 7 }	a. burged lightle of signed