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Email: filing@ecfsfiling.com

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

1. Marivi	Copp.	906000123177
(CORPORATE NAME)	•	(DOCUMENT #)
2. (CORPORATE NAME)		(DOCUMENT #)
3. (CORPORATE NAME)		(DOCUMENT #)
☐ Walk-In X Pi	ck up time: Certified Co	ppy Certificate Of Status
Walk-In X Pi	Certified Co	Opy Certificate Of Status Other Filings
New Filings	Amendments	Other Filings
New Filings Profit	Amendments Amendments	Other Filings Annual Report
New Filings Profit Non-Profit	Amendments Amendments Resignation	Other Filings Annual Report Fictitious Name

Examiners Initials	5

Articles of Conversion For

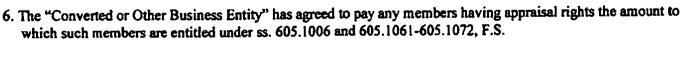
"Other Business Entity"

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: MARIVI CORP.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
09/25/2006 On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: MARIVI 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.



Signed this 23 day of DECEMBER	20 <u>21</u>
Signature of Authorized Representative of I	limited Liability Company:
Signature of Authorized Representative MM	
Signature(s) on behalf of Other Business Enti	ty: [See below for required signature(s)]
Signature: MULNE CAMEJO	THE DIDICIT
Printed Nan.c. 90C47C8C6B2B4B0	Title: DIPISH
Signature:	and a
Printed Name:	I itle:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a	
If Florida General Partnership or Limited Lis Signature of one General Partner.	ability Partnership:
If Florida Limited Partnership or Limited Lis Signatures of <u>ALL</u> General Partners.	ability Limited Partnership:
All others: Signature of an authorized person.	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
MARIVI LLC	
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o 255 ALHAMBRA CIRCLE	c/o 255 ALHAMBRA CIRCLE
SUITE 500	SUITE 500
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
ARAGON REGISTERED AG	ENTS, INC.
Nam	ne
255 ALHAMBRA CIRCLE ST	E 500B
Florida street address (P.C	D. Box NOT acceptable)
CORAL GABLES	FL ³³¹³⁴
City	Zip
liability company at the place designated in registered agent and agree to act in this capa statutes relating to the proper and complete	DEC

ARTICLE IV-

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	VIVIANE CAMEJO
	c/o 255 ALHAMBRA CIRCLE STE 500
	CORAL GABLES, FL 33134
	·
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: MULNE LIMENO 90C47C8C682848D	
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felor
Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S. VIVIANE CAMEJO	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felomed or printed name of signee

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