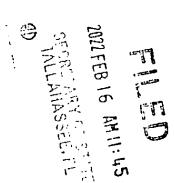
# -22000063402

(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



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RECEIVED

# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

### **ORDER FORM**

TO: Florida Department of State

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 2/16/2022

**PRIORITY** Routine

OUR REF # (Order ID#); Bev

**ORDER ENTITY** 

**GROWING TOGETHER LLC** 

### PLEASE PERFORM THE FOLLOWING SERVICES:

**GROWING TOGETHER LLC** 

Please file the attached conversion and subsquent articles of organization.

NOTES:

\$150.00 Authorized

Email address for annual report reminders: radiv@incserv.com

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

# **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:  Growing Together LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company
(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)
October 13, 2020
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Growing Together 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 15 day of February	20 22 .	
Signature of Authorized Domesontative of	Limited Liability Company	••
Signature of Authorized Representative of	Limited Liability Company	<u> </u>
Signature of Authorized Representative:		
Printed Name: Martin Calzetti	Title: Manager	-
Signature(s) on behalf of Other Business En	ity: [See below for required	signature(s)]
Signature:		
Printed Name: Martin Calzetti	Title: Manager	
a.		
Signature:		·
Printed Name:	Title:	
Sionature:		
Signature:Printed Name:	Title:	
Timed Tame.	1110.	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Direct	or, or Officer.	
If Directors or Officers have not been selected.		
If Florida General Partnership or Limited I	iability Partnership:	
Signature of one General Partner.		

If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.

All others:

Signature of an authorized person.

2022 FEB 16 AH II: 45

A ENTRECOL DE L. A.C.	
ARTICLE I - Name: The name of the Limited Liability Compar	ıy is:
Crowing Together LLC	
Growing Together LLC  (Must contain the words "Limited I.	liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7950 NW 53rd Street, Suite 337	7950 NW 53rd Street, Suite 337
Miami, Florida 33166	Miami, Florida 33166
	tered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Incorporating Services, L	td.
1	Name
1540 Glenway Drive	
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL <sup>32301</sup>
City	Zip
liability company at the place designal registered agent and agree to act in this constantes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate. I hereby accept the appointment as apacity. I further agree to comply with the provisions of al- olete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S.
Meliosa A.	Moseau Signature (REQUIRED)
Registered Agent's	Signature (REQUIRED)
(CON	TINUED)
· ·	TINUED)

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А	RTI	t.I	.r.	IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR/MGR	Martin Calzetti
	Arenales 1880, 4 floor, Martínez
	Argentina
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
•	
•	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance	
REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	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 felonartin Calzetti - Manager