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Email: filing@ecfsfiling.com

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

1. <u>///E /D/CC/</u> (CORPORATE NAME)	kwell Group, LC	M14000007674.
2. (CORPORATE NAME)		OCUMENT#)
3. (CORPORATE NAME)	(D:	OCUMENT #)
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Walk-In X Pic	Amendments	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

Articles of Conversion For

For "Other Business Entity"

2022 JUN 29 AM 10: 21

FILED

Into

Florida Limited Liability Company

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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: THE BLOCKWELL GROUP, 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)
10/21/2014 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:
THE BLOCKWELL 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 27 day of JUNE	2 2
Signature of Authorized Representative of Lim	ited Liability Company:
Mau	kel Seoui
Signature of Authorized Representative: May	graficum 2.7, com 18 ca 607.
Printed Name: MAYKEL SEGUI	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Mayhel Segui	
Printed Name: MAYKEL SEGUI	Title: MANAGER
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
C:	
Signature:	Tisla
Printed Name:	
Signature	
Signature:Printed Name:	
Timed Name.	True.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
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If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
_	
If Florida Limited Partnership or Limited Liabili	tv Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
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

		is:			
THE BLOCKWELL GR		bility Company, "L.L.C.," or "LLC.")			
·		······· · · · · · · · · · · · · · · ·			
ARTICLE II - Adda The mailing address a		principal office of the Limite	d Liability Co	mpany	z is:
•		•	<i>a 2.20</i> , 00.		
Principal Office Add	dress:	Mailing Address:			
9880 SW 87 AVE		SAME			
MIAMI, FL 33176					
	pany cannot serve as its own Re	red Office, & Registered Age gistered Agent. You must designate an	individual or anoth	er	
-	orida street address of the	e registered agent are:	TALLAH	2022 JUN 29	T
-	orida street address of the	ne registered agent are:	7 1	29	
The name and the Flo	orida street address of the		7 1	29	TINO
The name and the Flo	orida street address of th MAYKEL SEGUI Na 880 SW 87 AVE		7 1	022 JUN 29 AM 10: 21	_
The name and the Flo — 9	orida street address of th MAYKEL SEGUI Na 880 SW 87 AVE	ime	7 1	29	_

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)

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

"AMBR" = Authorized Member "MGR" = Manager MGR OSVALDO BROCHE P.O. BOX 27740 LAS VEGAS, NV 89126 MAYKEL SEGUI P.O. BOX 27740 LAS VEGAS, NV 89126 LAS VEGAS, NV 89126 OSVALDO BROCHE P.O. BOX 27740 LAS VEGAS, NV 89126	1 1 1 1 1 1 2022 JUN
MGR OSVALDO BROCHE P.O. BOX 27740 LAS VEGAS, NV 89126 MAYKEL SEGUI P.O. BOX 27740 LAS VEGAS, NV 89126	2022 JUN
P.O. BOX 27740 LAS VEGAS, NV 89126 MAYKEL SEGUI P.O. BOX 27740 LAS VEGAS, NV 89126	2022 JUN
MGR MAYKEL SEGUI P.O. BOX 27740 LAS VEGAS, NV 89126	2022 JUN
MGR MAYKEL SEGUI P.O. BOX 27740 LAS VEGAS, NV 89126	2022 JUN
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ARTICLE V: Other provisions, if any.	21
REQUIRED SIGNATURE:	
Maykel Seaw	
Magneti Segue (Jun 1), Com 11 de 2017.	_
Signature of a member or an authorized representative of a member	
This document is executed in accordance with section 605 0203 (1) (b) Elected Common Leaders	.1
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware to any false information submitted in a document to the Department of State constitutes a third degree fellows.	that :lonv
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S.	that clony

Typed or printed name of signee Filing Fees