# 122000293974

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### WATERFORD AT BLUE LAGOON 6505 BLUE LAGOON DRIVE - SUITE 130 MIAMI, FLORIDA 33126

MAGDA MARCELO-ROBAINA Magda@mmrlaw.net TELEPHONE (305) 262-2206 FAX (305) 262-2282 HEIDI MARCELO-CALERO Heidi@mmrlaw.net

June 14, 2022

#### VIA CERTIFIED MAIL/RETURN RECEIPT

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: ARTICLES OF CONVERSION(S) FOR Shaddai Capital Investments, Inc.

To Whom It May Concern:

Please find enclosed the following original executed Articles of Conversions documents for both Shaddai Capital Investments, Inc., and Cornerstone Capital Investments, Inc., accompanied with two checks in the amount of \$150.00 each, as the amount required for said conversions.

Should you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,

ÓVEZ/& MARCELO-ROBAINA, P.A.

Post Closer/Paralegal

/gl

Enclosure

## **COVER LETTER**

TO:	New Filing Se Division of Co					
CHD	JECT: SHADDA	I CAPITAL INVESTMEN	NTS, INC.			
SUD	JEC1		ulting Florida Li	mited Con	npany)	_
The o	enclosed Articles ness Entity" into	of Conversion, Articl a "Florida Limited Li	les of Organiz ability Compa	ation, an my" in a	d fees are submitted to coordance with s. 605.	convert an "Other 1045, F.S.
Pleas	se return all corre	spondence concerning	g this matter to	o:		
Mago	da Marcelo-Robair	ia, Esq.				
		(Contact Person)		<del></del>		
MAR	CELO LAW GRO	JP, P.A.				
	<del></del>	(Firm/Company)		<del></del>		·
6505	Blue Lagoon Driv	e, Suite 130				~
		(Address)		•		
Mian	ni, Florida 33126					21 PH 6: 59
	((	City, State and Zip Code)				SEE 55
mag	da@mmrlaw.net					
Е	-mail Address: (to b	e used for future annual re	port notification:	s)		; ;
For	further information	on concerning this ma	tter, please ca	11:		
Mag	da Marcelo-Robaii	na, Esq.	at ( <sup>305</sup>	) <sup>262-</sup>	2206	
	(Name of Conta	ct Person)	(Area Co	ode) (Da	ytime Telephone Number)	
Encl doll:	losed is a check f ars and drawn on	or the following amou a bank located in the	ınt: (All check United States	s proces	sed by this office mus	t be payable in US
(\$25 & \$1	150.00 Filing Fees for Conversion 25 for Articles rganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fi and Certified	~	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis The ( 2415	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Su	ite 810

#### 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.

SHADDAI CAPITAL INVESTMENTS, 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)
11/06/2018 on .
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:
SHADDAI CAPITAL INVESTMENTS, 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 Rusiness Entity" has agreed to pay any members having appraisal rights the amount to

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which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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Signed this 14 day of June	_ 20 2.2 .	
Signature of Authorized Representative of		
Signature of Authorized Representative:	Julka Surih	
Printed Name: Niulka Suriel	Title: Manager	
Signature(s) on behalf of Other Business Ent	tity:  See below for required signature(s)	
Signature: Mulka Sural		/
Printed Name: Niulka Suriel		_
Signature: Mapaly		
Printed Name: Magda Marcelo-Robalna	_ Title: DS	
Signature:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Directo	or Officer	
If Directors or Officers have not been selected, a	an Incornorator must sign	
a week with the first section.	an incorporator must sign.	
<u>If Florida General Partnership or Limited Li</u>	ability Partnership:	
Signature of one General Partner.		
<b>If Florida Limited Partnership or Limited Li</b> Signatures of <u>ALL</u> General Partners.	ability Limited Partnership:	
All others:		
Signature of an authorized person.		
Fees:		

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$125.00

\$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SHADDAI CAPITAL INVESTMENTS, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
_	
Principal Office Address:	Mailing Address:
6505 BLUE LAGOON DR.	6505 BLUE LAGOON DR.
SUITE 130	SUITE 130
MIAMI, FL 33126	MIAMI, FL 33126
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	Office, & Registered Agent's Signature:  ered Agent, You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
MAGDA MARCELO-ROBAINA	<del></del>
Name	
6505 BLUE LAGOON DR.	
Florida street address (P.O.	Box NOT acceptable)
MIAMI	FL <sup>33126</sup>
City	Zip
•	·
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 statutes relating to the proper and complete to	ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and
accept the obligations of my position as res	sistened agent as provided for in Chapter 605, F.S
6	
Helle	. 28
Registered Agent's Sign	Mure (REOLURED)
Registered Agent's Jigi	
CONTIN	UED) : 1 2 2 0

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Niulka Suriel
AMB7	6505 Blue Lagoon Dr., Suite 130
	Miami, FL 33126
	Midital, 12 00120
AMBR	Magda Marcelo-Robaina
AWOR	6505 Blue Lagoon Dr., Suite 130
	Miami, FL 33126
	<del>_</del>
(Use attachment if necessary)	<b>(</b> 0)
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REQUIRED SIGNATURE:	TOWDA TATE
REQUIRED SIGNATURE:  Signature of a prember or	an authorized representative of a member
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a docu 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 ment to the Department of State constitutes as hird degree fe
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	TOWDA TATE