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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
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SECRETARY OF STATE

D. O'KEEFE JUL - 1 2022

COVER LETTER

TO: New Filing Solution of C					
SUBJECT: CORNER	RSTONE CAPITAL INVE	ESTM	ENTS, INC.		
	(Name of Res	ulting	Florida Limite	ed Con	npany)
			~		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this	matter to:		
Magda Marcelo-Robair	na, Esq.				
	(Contact Person)				
MARCELO LAW GRO	UP, P.A.				
	(Firm/Company)				
6505 Blue Lagoon Driv	e, Suite 130				
	(Address)	_			
Miami, Florida 33126					
	City, State and Zip Code)				
magda@mmrlaw.net	ony, state and one code)				
	e used for future annual re	port no	otifications)		
		-			
For further information	on concerning this ma	tter, p	olease call:		
Magda Marcelo-Robair	na, Esq.	at (305	262-2	2206
(Name of Conta	ct Person)		(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the			rocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filing I Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr	·ess:		9	Street	Address:
New Filing Se			-		Filing Section
Division of Co			I	Divisi	on of Corporations
P.O. Box 632	7		-	Γhe C	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Ar CORNERSTONE CAPITAL INVESTMENTS, INC.	ticles of Conversion is:
(Enter Name of Other Business Entity)	 :
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, cor	nmon law or business trust, etc.)
First organized, formed or incorporated under the laws of	, the name of the country)
10/30/2018	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A	Articles of Organization:
CORNERSTONE 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 that 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 document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable statute	es.
6. The "Converted or Other Business Entity" has agreed to pay any members having appropriate which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	oraisal rights the amount to
	FILE PROPERTY SELLAHASSEE

,	
Signed this 14th day of June	_20 <u>22_</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Niulka Suriel	Ka Sur A Title: Manager
Signature(s) on behalf of Other Business Entity: Signature:	[See below for required signature(s)]
Printed Name: NKIka Suriel	Title: DP
Signature: Magda/Marcelo-Robaina	Title: DS
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

SECRETARY OF STATE

2022 JUN 21 PM 5: 56

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	litu Compony is:		
The name of the Limited Liabil	nty Company is:		
CORNERSTONE CAPITAL INVE	STMENTS, LLC		
(Must contain the w	ords "Limited Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street	address of the principa	l office of the Limited	d Liability Company is:
Principal Office Address:	<u>Mai</u>	ling Address:	
6505 BLUE LAGOON DR.	6509	BLUE LAGOON DR.	
SUITE 130	SUI	TE 130	<u> </u>
MIAMI, FL 33126	<u>MI</u> A	MI, FL 33126	
The name and the Florida stree	et address of the registe ARCELO-ROBAINA, ESC Name		
	LAGOON DR. reet address (P.O. Box	NOT acceptable)	
MIAMI		L 33126	
	City	Zip	
Having been named as regis liability company at the p registered agent and agree to statutes relating to the prop accept the obligations of Regist	lace designated in this o o act in this capacity. I per and complete_per <u>fo</u> r	certificate, I hereby activities agree to comp mance of my duties, and agent as provided for	ccept the appointment as ly with the provisions of all nd I am familiar with and

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Niulka Suriel	
	6505 Blue Lagoon Dr., Suite 130	
	Miami, FL 33126	
AMBR	Magda Marcelo-Robaina	
	6505 Blue Lagoon Dr., Suite 130	
	Miami, FL 33126	
		
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LE V: Other provisions, if any.		PM 5: 56)F STATE . FLORIDA
LE V: Other provisions, if any. REQUIRED SIGNATURE:		
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a-member or	an authorized representative of a member with section 605 0202 at 1775 Elevido Statutes La	oer
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	e with section 605.0203 (1)(b), Florida Statutes. I a	oer
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	an authorized representative of a memle with section 605.0203 (1) (b). Florida Statutes. I ament to) the Department of State constitutes a third	oer
REQUIRED SIGNATURE: Signature of a-member or This document is executed in accordance any false information submitted in a document of the submitted of the sub	e with section 605.0203 (1) (b). Florida Statutes. I a ument to the Department of State constitutes a third	oer
REQUIRED SIGNATURE: Signature of a-member or This document is executed in accordance any false information submitted in a document provided for in \$8.87.155.F.S.	e with section 605.0203 (1) (b). Florida Statutes. I a ument to the Department of State constitutes a third	oer im aware that degree felony

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)