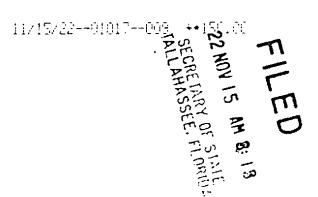
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(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only





#### COVER LETTER

TO: New Filing Section Division of Corporations JLAE INVESTMENT Managment Corp
(Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: (Firm/Company) E-mail Address (to be used for future annual report notifications) For further information concerning this matter, please call: Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States) 🕱 \$150.00 Filing Fees □\$155.00 Filing Fees □\$180.00 Filing Fees □\$185.00 Filing Fees, Certified Copy, and (\$25 for Conversion and Certificate of and Certified Copy Certificate of Status & \$125 for Articles Status

#### Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

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

of Organization)

# **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.

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Signed this 8th day of IVOVEM be	<u>r</u> 20 <del>33</del> .
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative: Printed Name: LCIUICI Reyes	Title: VP
Signature(s) on behalf of Other Business En	tity: [See below for required signature(s)]
Signature: TREUS REYES	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected.	
If Florida General Partnership or Limited L Signature of one General Partner.	iability Partnership:
If Florida Limited Partnership or Limited L Signatures of <u>ALL</u> General Partners.	iability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
JLAE Investment Management, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
13520 SW 152nd ST Suite 771720 Miami, FL 33177 Miami, FL 33177
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Jesus Peyes  Name  13520 SW 152nd ST, Suite 7717  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)  Miami FL 33177  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. 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)

#### 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	Peyes, Jesus 13530 SW 152nd ST, Suite 771720 Hlami, FL 33177
<u>VP</u>	Reyes, Laura 13530 SW 152nd ST, Suite 771720 Mami, FL 33177
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any	22 NOV 15 SECRE 14HY TALLAHASSE
REQUIRED SIGNATURE:	SEE, FLOWIN,
	an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Laura Reyes
Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)