L 22 000 52 16 25

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
	(Business Entity Name)
	(Document Number)
Dertified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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S. CHATHAN

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COVER LETTER

TO:	New Filing S				
	Division of (•			
SUB.	JECT:	nvestments LLC			
		(Name of Re	sulting Florida	Limited Co	mpany)
The e Busin	nclosed Article less Entity" into	es of Conversion, Artic o a "Florida Limited L	cles of Organ iability Com	ization, a pany" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	e return all con	respondence concernir	g this matter	to:	
Ignaci	o M. Alvarez				
	_	(Contact Person)			
ALGO	Law Firm LLP				
_		(Firm/Company)			
815 P	once De Leon,	Suite 101			
		(Address)			
Coral	Gables, FL 331	134			
-	(City, State and Zip Code)		_	
IMAlva	arez@AlgoFirm.				
E-n	nail Address: (to b	oe used for future annual re	port notification	 is)	
		on concerning this ma			
	o M. Alvarez		at (305	. 723-	1876
	(Name of Conta	act Person))	ytime Telephone Number)
Enclos dollars	sed is a check f	•	nt: (All checl	cs proces	sed by this office must be payable in US
\$23 101 % \$1 25	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fi and Certified	ling Fees Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JMBD INVESTMEN	NTS LLC	_	
			
			
		_	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		<u> </u>	Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH	10/		UCC 1 or 3 File
	_ 12/		UCC 11 Search
Name	Date	Time	UCC II Retrieval
Walk-In	•		Courier
			1

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

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: JMBD Investments LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Partnership (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
April 25th, 2022 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: JMBD 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 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 13th day of December 202	22 20	
Signature of Authorized Representative of Lin	nited Liability Company:	
Signature of Authorized Representative:	GUML/	
Signature of Authorized Representative: Printed Name: Ignacio M. Alvarez	Fitle: Authorized Representative	
Signature(s) on behalf of Other Rusiness Entity	ISaa halau fan maning t	
Signature: You All Signature: Printed Name: Jose Manuel Barrientos	- see below for required signature(s)]	
Printed Name: Jose Manuel Barrientos	Tislar Gonoral Portors	
Signature:Printed Name:		
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
f Directors or Officers have not been selected, an In	corporator must sign.	
f Florida General Partnership or Limited Liabil	ity Partnership:	
Signature of one General Partner.		
f Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		^>
Sees:		
_	***	<u> </u>
Articles of Conversion:	\$25.00 \$125.00	
_	\$25.00 \$125.00 \$30.00 (Optional)	3 AX 51

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

JMBD Investments LLC		
(Must contain the w	ds "Limited Liability Company, "L.L.	.C.," or "LLC.")
ARTICLE II - Address:		
	ddress of the principal office	of the Limited Liability Compa
	1 F 2200	of the Emined Blacking Compa
Principal Office Address:	<u>Mailing Ac</u>	ddress:
%ALGO Law Firm LLP	Same	
815 Ponce De Leon, Suite 101		
Coral Gables, Fl 33134 ARTICLE III - Registered Ag The Limited Liability Company cannot so	YE AS ILS OWN REGISTERAL A GENT Volum	egistered Agent's Signature:
Coral Gables, Fl 33134 ARTICLE III - Registered Ag The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street	etration.) address of the registered agen	nust designate an individual or another
Coral Gables, Fl 33134 ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg	etration.) address of the registered agen	must designate an individual or another
Coral Gables, Fl 33134 ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street	etration.) address of the registered agen	nust designate an individual or another (S) nt are:
Coral Gables, Fl 33134 ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street Ignacio M. Al	eddress of the registered agent. You restration.) address of the registered agent arez Name	nust designate an individual or another int are:
Coral Gables, Fl 33134 ARTICLE III - Registered Ag The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street Ignacio M. Al 815 Ponce D	address of the registered agent. You restration.)	nust designate an individual or another nt are:
Coral Gables, Fl 33134 ARTICLE III - Registered Ag The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street Ignacio M. Al 815 Ponce D	reas is own Registered Agent. You restration.) address of the registered agent arez Name Leon Blvd. Suite 101	nust designate an individual or another interest in the are:

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)

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jose Manuel Barrientos
	Carmen 246, Departamento 1909
	Valparaiso, Chile
	2
	<u></u>
/11	<u> </u>
(Use attachment if necessary)	
• •	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	n authorized representative of a member
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	n authorized representative of a member vith section 605,0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member or at This document is executed in accordance wany false information submitted in a document.	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware tha ent to the Department of State constitutes a third degree felon
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware tha cent to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member or at This document is executed in accordance wany false information submitted in a document.	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware tha cent to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member or at This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, FIS.	ent to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member or at This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, P.S. Type	ed or printed name of signee
REQUIRED SIGNATURE: Signature of a member or at This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, P.S. Type	ent to the Department of State constitutes a third degree felon ed or printed name of signee Filing Fees Organization and Designation of Registered Age