# L23000119983

| (Requestor's Name)                      |
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|   |
| (Address)                               |
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| , ,                                     |
| (City/State/Zip/Phone #)                |
| (Orginate)Zipir none #)                 |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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ALLAHASSEL ELL



### **Filing Cover Sheet**

| T) CONVERTING INTO ALADIN     |
|-------------------------------|
| Articles of Amendment ( )     |
| Annual Report ( )             |
| Fictitious Name ( )           |
| Limited Liability ( )         |
| Merger ( )                    |
| Withdrawal / Cancellation ( ) |
|                               |
| 180.00                        |
|                               |
| copy()                        |
| of Fact ( )                   |
|                               |

Phone: 855-498-5500

#### **COVER LETTER**

| то:                 | New Filing S<br>Division of C  |   |                                    |                               |   |     |
|---------------------|--|---|------------------------------------|-------------------------------|---|-----|
| SUB.                | <b>ЈЕСТ:</b>   | Ala   | din Marine USA,                    | , LLC                         |   |     |
|                     |  | (Name of Re   | sulting Florida Li                 | mited Co                      | ompany)   |     |
| The e<br>Busin      | enclosed Article<br>ess Entity" into   | s of Conversion, Artic<br>a "Florida Limited L        | eles of Organiza<br>iability Compa | ation, ar<br>.ny" in ε        | nd fees are submitted to convert an "Otlaccordance with s. 605.1045, F.S.   | ne; |
| Pleas               | e return all corr  | espondence concernin                                  | g this matter to                   | <b>)</b> :                    |   |     |
|                     |  | Alberto Moris   |                                    |                               |   |     |
|                     |  | (Contact Person)                                      |                                    | _                             |   |     |
|                     | M  | ORIS & ASSOCIATES                                     |                                    |                               |   |     |
|                     |  | (Firm/Company)  |                                    | <del></del> -                 |   |     |
|                     | 3650 (   | NW 82nd Ave. Suite 401                                | }                                  |                               |   |     |
|                     |  | (Address)   |                                    | _                             |   |     |
|                     |  | Doral, FL 33166                                       |                                    |                               |   |     |
|                     | ((   | City, State and Zip Code)                             |                                    | _                             |   |     |
|                     | abe  | rmudez@anmpa.com                                      |                                    |                               |   |     |
| E-r                 | nail Address: (to b  | e used for future annual re                           | port notifications                 | )                             |   |     |
| For fi              | erther informati   | on concerning this ma                                 | tter, please call                  | l:                            |   |     |
|                     | Alberto M  | oris  | at ( 305                           | ) 55 <sup>s</sup>             | 9-1600  |     |
| ••••                | (Name of Conta   | ct Person)  | ···\ <del></del>                   | le) (Day                      | ytime Telephone Number)   |     |
| Enclo<br>dollar     | sed is a check f<br>s and drawn on   | or the following amou<br>a bank located in the        | int: (All checks<br>United States) | proces                        | ssed by this office must be payable in U  | S   |
| (\$25 fc<br>& \$125 | i0.00 Filing Fees<br>or Conversion<br>5 for Articles<br>anization)               | □\$155.00 Filing Fees<br>and Certificate of<br>Status | S180.00 Filin<br>and Certified C   |                               | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status  |     |
|                     | Mailing Addi<br>New Filing So<br>Division of C<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7                            |                                    | New<br>Divis<br>The C<br>2415 | Et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Shassee, FL 32303 |     |

#### **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.605.10-5; Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Aladin Marine USA, LLC  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a   |
| (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)   |
| 11/30/1999<br>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:  Aladin Marine USA, 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 14th day of March   | 20 <u>23</u>   |         |           |
|---|--|---------|-----------|
| Signature of Authorized Representative of Lim   | ited Liability Company:  |         |           |
| Signature of Authorized Representative:   | Title: Manager   |         |           |
| Signature(s) on behalf of Other Business Entity:  | [See below for required signature(s)]                          |         |           |
| Signature:  |  |         |           |
| Printed Name: JOSE CARLOS SUERO   | Title: Manager   |         |           |
|   |  |         |           |
| Signature: Printed Name:  | Title:   |         |           |
|   |  |         |           |
| Signature: Printed Name:  | Tial   |         |           |
| Timed Name.   | Title:   |         |           |
| Signature:  |  |         |           |
| Printed Name:   | Title:   |         |           |
| Signature:  |  |         |           |
| Signature:Printed Name:   | Title:   | S 2     |           |
|   |  | ···~ ~  |           |
| Signature:  | T'al   |         | was a way |
| Printed Name:   | I itle:  | ₹ 15    | -         |
| If Florida Corporation:   |  |         | 4         |
| Signature of Chairman, Vice Chairman, Director, or  | Officer.   |         | 771       |
| If Directors or Officers have not been selected, an Inc   | corporator must sign.  | M 7: 0: | المعسا    |
| If Florida General Partnership or Limited Liabili   | tv Partnershin:  | 05      |           |
| Signature of one General Partner.   | <u> </u>   |         |           |
| If Florida Limited Partnership or Limited Liabili<br>Signatures of <u>ALL</u> General Partners.           | ty Limited Partnership:  |         |           |
| All others: Signature of an authorized person.  |  |         |           |
| Fees:   |  |         |           |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |         |           |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Liability Com   | pany is:   |
|--|--|
|  | n Marine USA, LLC  |
| (Must contain the words "Limit   | ed Liability Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address:<br>The mailing address and street address of   | of the principal office of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:   |
| 8500 S.W. 54TH AVENUE  | 8500 S.W. 54TH AVENUE  |
| MIAMI, FL 33143  | MIAMI, FL 33143  |
| The name and the Florida street address  | own Registered Agent. You must designate an individual or another of the registered agent are:   |
| MURIS  | Name 77  |
| <del></del>  | / 82nd Ave. Suite 401  |
| Flonda street addre  | ess (P.O. Box NOT acceptable)  |
| Doral  | FL 33166   |
| City   | Zip  |
| liability company at the place desig<br>registered agent and agree to act in thi<br>statutes relating to the proper and co | nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 605, F.S |
| Albe   | uto N. Moris   |
| Registered Agen  | nt's Signature (REQUIRED)  |

(CONTINUED)

| "MGR" = Manager<br>MGR          |  |
|---------------------------------|--|
|                                 | JOSE CARLOS SUERO  |
|                                 | 6558 S.W. 20TH COURT   |
|                                 | PLANTATION, FL 33317   |
|                                 |  |
|                                 | !  |
|                                 |  |
|                                 |  |
|                                 |  |
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|                                 |  |
|                                 | ni   |
| (Use attachment if necessary)   |  |
| LE V: Other provisions, if any. |  |
| REQUIRED SIGNATURE:             | Ale  |
| Signature of a member or        | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware |

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

ARTICLE IV-