13000289230

(Requestor's Name) (Address)	
(Äddress) (City/State/Zip/Phone #)	600409
PICK-UP WAIT MAIL	
(Business Entity Name) (Document Number)	06/16/23
Certified Copies Certificates of Status	
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2023 JUH IS PH 3: 13



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CORPORATION NAME(S) & DOCUMENT NUMBERS(S).

CORPC	PRATION NAME(3) & DOCOMENT N	IUMBERS(S).
1. Corpor	acion Africola Ar	SET, SDE BL
(CORPORATE NAM	ME)	(DOCUMENT #)
_		
2. (CORPORATE NAM	ME)	(DOCUMENT #)
3. (CORPORATE NAM	ME)	(DOCUMENT #)
☐ Walk-In [Pick up time: M Certified Copy	y Certificate of Status
New Filings	Amendments	Other Filings
Profit	Amendments	Annual Report
Non-Profit	Resignation	Fictitious Name
Limited Liability	Dissolution/Withdrawal	Apostille:
Other:	Other:	
X Conversion		Other:
	(i)	
Examiners Initials	- Willase Filed	CONVERSION FIRST
	please Filed and then ap	postillE. the
	- · · · · · · · · · · · · · · · · · · ·	

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 CORPORACION AGRICOLA ABET, S DE RL	of Conversion is:	
(Enter Name of Other Business Entity)		
The "Other Business Entity" is a		
(Enter entity type. Example: corporation, limited partnership, general partnership, common la	aw or business trust, etc.)	_
First organized, formed or incorporated under the laws of		
(Enter state, or if a non-U.S. entity, the nati	ime of the country)	
September 29, 2015 on		
(date of organization, fermation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Article		
CORPORACION AGRICOLA ABET LLC	2023 S.F.	
(Enter Name of Florida Limited Liability Company)	2023 JUN Santa	4
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 c	calendar days after	
the date this document is filed by the Florida Department of State.)	, <u>"</u> p.	. 1
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ill not be listed as the	, gara-
5. The plan of conversion has been approved in accordance with all applicable statutes.	10	

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 9 th day of June	20_23	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Carlos Krell	Title: Manager	
Signature(s) on behalf of Other Business Entity: Signature: 1/14/16/16/16/16/16/16/16/16/16/16/16/16/16/	See below for required signature(s)	
Signature: ////////////////////////////////////	Title: Authorized Person	
Signature: Chapter Estium a History		
Printed Name: Élizabeth Espínosa de Martinez	Title: Authorized Person	
Signature:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation.	Officer.	202
If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	<u> </u>
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		- m 0
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	Name:		
The name of th	e Limited Liability Compa	ny is:	
CORPORACIO	N AGRICOLA ABET LLC		
CON CIGO		Liability Company, "L.L.C.," or "LLC.")	 :
	,	and the second second	
ARTICLE II -			
The mailing ad	dress and street address of	the principal office of the Limited	Liability Company is:
Principal Offic	ce Address:	Mailing Address:	
2100 Salzedo S	treet, Suite 300	2100 Salzedo Street, Suite 30	00
Coral Gables,	FL 33134	Coral Gables, FL 33134	
			
	Desired to the second		
ARTICLE III The Limited Liabili	- Registered Agent, Regis ty Company cannot serve as its own	tered Office, & Registered Agent Registered Agent, You must designate an ind	l's Signature:
business entity with	an active Florida registration.)	and the state of t	THE GET OF BROTHE
The name and t	he Florida street address of	the registered agent are:	
		3	72 B
	ARAZOZA & FERNAND		
	I	Name	
	2100 Salzedo Street, Sui	ite 300	
	Florida street address	(P.O. Box NOT acceptable)	· Ci
	Coral Gables	33134	
		FL 33134	\equiv
	City	Zip	1
Having been	named as revistered avent a	and to accept service of process for t	the above stoled limited
liability co	mpany at the place designat	ed in this certificate, I hereby accep	t the appointment as
registered age	ent and agree to act in this co	apacity. I further agree to comply w	with the provisions of all
statutes rela	ting to the proper and comp	lete performance of my duties, and t	l am familiar with and
accept the	obligations of my position of	s registered agent as provided for it	n Chapter 605, F.S
		<u> </u>	
	Registered Agent's	Signature (REQUIRED)	
	-	- , , ,	

(CONTINUED)

	-			
- 2	K I	10	. н.	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		
MGR	CARLOS KRELL	
	8013 SW 195th Terrace	
	Miami, FL 33157	
		
(Use attachment if necessary)		
RTICLE V: Other provisions, if any.		
		_ _
REQUIRED SIGNATURE:		2023 JUH
		Ē
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware tha	
any false information submitted in a document	ment to the Department of State constitutes a third degree felon	ı.

Typed or printed name of signee

as provided for in s.817.155, F.S.

CARLOS KRELL

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)