L23000351420

(Requestor's Nam	e)			
(Address)				
(Address)				
(City/State/Zip/Pho	one #)			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certifica	tes of Status			
Special Instructions to Filing Officer:				

Office Use Only



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CAPITAL CONNECTION, INC.

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

Kobersteen LLC	_ _
Please Debit FCA000000003 For: 150	
Thank you Seth Neeley	
Stoff	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File <u>Carvert</u>
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ /	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: seth	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO: New Filing Division of	Section Corporations			
SUBJECT: Kober	steen LLC			
	(Name of Re	sulting Florida Lim	ited Co	mpany)
The enclosed Artic Business Entity" in	les of Conversion, Artic ito a "Florida Limited L	les of Organiza iability Compar	tion, ar ıy" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all co	rrespondence concernin	g this matter to:		
Rafael Barrera			_	
	(Contact Person)	-	_	
Diego L. Restrepo F	P.A.			
	(Firm/Company)			
2600 South Douglas	Road, Suite 913			
	(Address)			
Coral Gables FL, 33	134			
	(City, State and Zip Code)			
rafael@restrepolaw	com			
E-mail Address: (to	be used for future annual re	port notifications)	_	
For further informa	ation concerning this ma	tter, please call:		
Rafael Barrera		at (305)447	9430
(Name of Co	ntact Person)	(Area Code	;) (Day	ytime Telephone Number)
Enclosed is a check dollars and drawn	of for the following amount on a bank located in the	int: (All checks United States)	proces	sed by this office must be payable in US
\$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	s S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		Certified Copy, and Certificate of Status
Mailing Ac New Filing Division of P.O. Box 6 Tallahassee	Section Corporations 327		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Kobersteen LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (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)
07/10/2023 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: Kobersteen 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 19 day of July	_ 2023			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative: Printed Name: Ana Patricia Benitez Londono	Title: Manager			
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: Printed Name: Ana Particia Semirez Londone	Title: Manager			
Signature: Printed Name: Monica Benitez Londono				
Signature:Printed Name:	Title			
Signatura				
Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:	Title			
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.			
1f Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
Fces:				
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 the Limited Liabil	lity Company is:	
Kobersteen LLC		
(Must contain the we	ords "Limited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Addre	<u> 555:</u>
2600 South Douglas Road	2600 South Dou	glas Road
Suite 913	Suite 913	
Coral Gables FL 33134	Coral Gables FL	33134
INTERNATION 2600 South	onal corporate service, inc. Name Douglas Road, Suite 913 eet address (P.O. Box NOT accep	
Coral Gables	FL 33134	
	City Zip	
liability company at the plo registered agent and agree to statutes relating to the prope accept the obligations of n	ace designated in this certificate, I i	e to comply with the provisions of all duties, and I am familiar with and rovided for in Chapter 605, F.S
	(CONTINUED)	C

Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Ana Patricia Benitez Londono MGR 2600 South Douglas Road, Suite 913 Coral Gables FL 33134 Monica Benitez Londono MGR 2600 South Douglas Road, Suite 913 Coral Gables FL 33134 (Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or 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. Diego L. Restrepo, Esq. as authorized representative 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)

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

ARTICLE IV-