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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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W230000 44371

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SECRETARY OF STATE



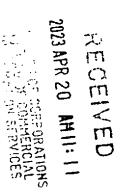
FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2023

JAMES SHARKEY 11790 ROYAL TEE CT CAPE CORAL, FL 33991 US

SUBJECT: JE TRADE GROUP, LLC

Ref. Number: W23000044371



We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 623A00007463

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TALLAHASSES TATE

COVER LETTER

TO:	New Filing S Division of C					
SHRI	ECT: JE TRAD	DE GROUP, L.L.C.				
оово	BC1,		ulting Florida Lim	ited Con	npany)	
					d fees are submitted to con ccordance with s. 605.1045	
Picase	return all corre	espondence concerning	g this matter to:			
JAME	S SHARKEY					
		(Contact Person)		_		
JE TR	ADE GROUP, L.	L.C				
	-	(Firm/Company)		_		
11790	ROYAL TEE CT	₹.				
		(Address)		_		
CAPE	CORAL, FLORI	DA 33991				
	((City, State and Zip Code)				
jim@s	harkeysolutions.	com				
E-n	nail Address: (to b	e used for future annual re	port notifications)	_		
For fu	rther information	on concerning this ma	tter, please call:			
JAME:	S SHARKEY		at (⁷³²	610-	5800	
	(Name of Conta	ct Person)	(Area Code	(Day	nime Telephone Number)	
		or the following amou a bank located in the		process	sed by this office must be p	ayable in US
(\$25 fo: & \$125	0.00 Filing Fees r Conversion for Articles unization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303	0 SE 26

INHS11 (7/17)

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:

JE TRADE GROUP, L.L.C.

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Imited liability company
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
05/14/2007
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JE TRADE GROUP, L.L.C.
(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 inscrited 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.

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Signed this 34 day of February	_20 <u>_23</u>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: JAVIER ECHEVERRIA	Title: AUTHORIZED
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]
Signature: QO Showing Printed Name: Que Engertae	Title: Meson Drv
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL 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 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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TALLATIAS SEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

IF TO A DE COOLID III C		
JE TRADE GROUP, L.L.C (Must contain the words "Limited Lis	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
11790 ROYAL TEE CT.	11790 ROYAL TEE CT.	
CAPE CORAL, FLORIDA 33991	CAPE CORAL, FLORIDA 33991	
The name and the Florida street address of t	the registered agent are:	
18	vanie	
1833 HENDRY STREET	(no. n. Nom	
Florida street address ((P.O. Box NOT acceptable)	
FORT MYERS	FL 33901	
City	Zip	
City	_	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	JAVIER ECHEVERRIA
AWDR	11790 ROYAL TEE CT.
	TITSOROTAL TELOT.
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
VQ € G A	. •
	wy
Signature of a member or a	an authorized representative of a member
The state of the s	
This document is executed in accordance	ment to the Department of State constitutes a third degree fol
This document is executed in accordance	ment to the Department of State constitutes a third degree fe
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This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. JAVIER ECHEVERRIA	ment to the Department of State constitutes a third degree fel
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. JAVIER ECHEVERRIA	ment to the Department of State constitutes a third degree fel ped or printed name of signee Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) APR 2

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