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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 1980937 8020289 AUTHORIZATION \$ 150.00 COST LIMIT : ORDER DATE: December 14, 2023 ORDER TIME : 1:26 PM ORDER NO. : 198093-005 CUSTOMER NO: 8020289 DOMESTIC AMENDMENT FILING NAME: BGI US CAPITAL FINANCIAL CORP EFFECTIVE DATE: XX ARTICLES OF CONVERSION AND ORGANIZATION \_\_\_ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY

XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS:

### **COVER LETTER**

| TO: New Filing Section Division of Corporations   |                                       |  |
|---|---------------------------------------|--|
| SUBJECT: BGI US FINANCIAL INVESTME  | ENTS LLC                              |  |
| (Name of Re   | sulting Florida Lim                   | nited Company)   |
| Business Entity" into a "Florida Limited L  | iability Compan                       |  |
| Please return all correspondence concernit  | ig this matter to:                    | :  |
| Florencia Fernandez   |                                       |  |
| (Contact Person)  |                                       | —  |
| RC Law  |                                       |  |
| (Firm/Company)  |                                       |  |
| 1101 Brickell Av, suite 1400  |                                       |  |
| (Address)   |                                       | _  |
| Miami, FL, 33131  |                                       |  |
| (City, State and Zip Code)  |                                       | <del></del>  |
| arantxa.jordan@rclawllp.net   |                                       |  |
| E-mail Address: (to be used for future annual)  | report notifications)                 | )  |
| For further information concerning this m   | atter, please call                    | l:   |
| Florencia Fernandez   | at ( <sup>786</sup>                   | ) 598-8007 (Ext.2213) de) (Daytime Telephone Number)   |
| (Name of Contact Person)  | (Area Cod                             | de) (Daytime Telephone Number)   |
| Enclosed is a check for the following amodollars and drawn on a bank located in the   | ount: (All checks<br>e United States) | s processed by this office must be payable in US   |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) \$155.00 Filing Fees<br>and Certificate of<br>Status | ☐\$180,00 Filing and Certified C      |  |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  |                                       | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

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:  BGI US CAPITAL FINANCIAL CORP   |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  |
|   |
| First organized, formed or incorporated under the laws of [Florida (Enter state, or if a non-U.S. entity, the name of the country)  |
| June 7, 2023 (date of organization, formation or incorporation)   |
| (date of organization, formation or incorporation)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  BGI US FINANCIAL 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 13 day of December  | _ 20 <u> 23</u>  |
|---|--|
| Signature of Authorized Representative of Limit   | ed Liability Company:  |
| Signature of Authorized Representative: Printed Name: Noelia Beltran Garcia   | Title: Managen   |
| Signature(s) on behalf of Other Business Entity:  | See below for required signature(s)]                           |
| Signature: Printed Name: Noelia Beltran Garcia  | Title: Vice President  |
| Signature:  | <u> </u>   |
| Printed Name:   | _ Title:   |
| Signature:Printed Name:   | _ Title:   |
|   |  |
| Signature:Printed Name:   | _Title:  |
| Signature:  | 50°-1  |
| Printed Name:   | Title:   |
| Signature:  |  |
| Printed Name:   | Title:   |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. | Officer.<br>corporator must sign.                              |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.   | ry Partnership:  |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of <u>ALL</u> General Partners.                                | y 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 - Nam<br>The name of the Lit  | ne:<br>nited Liability Company is:   |                        |  |   |
|---|--|------------------------|--|---|
| BGI US FINANCIAL (Mus                   | INVESTMENTS LLC  | y Company, '           | "L.L.C.," or "LLC.")                   |   |
| ARTICLE II - Add<br>The mailing address | dress:<br>s and street address of the pr   | incipal of             | fice of the Limi                       | ted Liability Company is:                     |
| Principal Office A                      | ddress:  | Mailing                | Address:                               |   |
| 175 SW 7th ST STI<br>Miami, Fl. 33130   |  | Miami,                 | / 7th ST STE 16<br>FL 33130            |   |
| (The Limited Liability Co.              | egistered Agent, Registered<br>impuny cannol serve as its own Regist<br>ctive Florida registration.) | l Office, dered Agent. | & Registered A<br>You must designate a | gent's Signature:<br>an individual or another |
| The name and the F                      | Torida street address of the r<br>CORPORATION SERVICE COM  | _                      | agent are:                             |   |
|   | Name   | :                      |  |   |
|   | 1201 HAYS ST   |                        |  |   |
|   | Florida street address (P.O  | . Box <u><b>NO</b></u> | T acceptable)                          |   |
|   | TALLAHASSEE  | FL                     | 32301                                  |   |
|   | City   |                        | Zip                                    |   |

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..

Alyxing Weilard-Grenson, App Registered Agent's Signature (REQUIRED)

(CONTINUED)

|         | Title:   | Name and Address:  |
|---------|--|--|
|         | "AMBR" = Authorized Member   | Name and Address.  |
|         | "MGR" = Manager  |  |
|         | MGR  | Antonio Beltrán García   |
|         |  | 175 SW 7th ST STE 1618   |
|         |  | Miami, FL 33130  |
|         | MGR  | Noelia Beltran Garcia  |
|         |  | 175 SW 7th ST STE 1618   |
|         |  | Miami, FL 33130  |
|         |  |  |
|         | <del></del>  |  |
| -       | -  |  |
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|         | (Use attachment if necessary)  |  |
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| ΓIC     | CLE V: Other provisions, if any.   |  |
| ΓΙ•     |  | <u> </u>   |
| ΓΙ¢     | CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  |  |
| ΓΙ(<br> |  |  |
| ΓΙ(<br> |  |  |
| TI(     | REQUIRED SIGNATURE:  Signature of a member of  | an authorized representative of a member   |
| TI(     | Signature of a member of   | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware that  |
| TI(     | Signature of a member or This document is executed in accordance any false information submitted in a document is executed in a document in a document is executed in a docume | e with section 605,0203 (1) (b). Florida Statutes, I am aware tha  |
| ΓΙ(<br> | Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  | e with section 605.0203 (1) (b). Florida Statutes, I am aware tha  |
| ΓΙ(<br> | Signature of a member of This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.  Noelia Beltran Garcia   | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware that the Department of State constitutes a third degree felor typed or printed name of signee |

\$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-