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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	New Filing S Division of C						
SHRI		I INVESTING LLC					
SOD	rect.		sulting Florida Lin	nited Cor	mpany)		
The e Busin	nclosed Article ess Entity" into	s of Conversion, Artic a "Florida Limited L	eles of Organiza iability Compar	tion, ar ıy" in a	nd fees are submitted to convectordance with s. 605.1045,	ert an " F.S.	Other
Please	e return all corre	espondence concernin	g this matter to	:			
LEN .	IOHNSON						
		(Contact Person)		_			
JOHN	ISON & ASSOCI	ATES					
		(Firm/Company)		_			
3600	S STATE RD 7,	STE 38					
		(Address)					
MIRA	MAR, FL 33023	(
_	((City, State and Zip Code)					
Lmj@	accountant.com						
E-r	nail Address: (to b	e used for future annual re	port notifications)	_			
For fu	irther information	on concerning this ma	tter, please call	:			
LEN J	IOHNSON		_at (³⁰⁵	_\ 318-	1007	20	
	(Name of Conta	ct Person)	(Area Cod	e) (Dag	ytime Telephone Number)	230	رانت ا
		or the following amou a bank located in the		proces	sed by this office must be pay	; 6 ; 70	ı US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	☐S155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	_	Certificate of Status	H 8: 02	O
	Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: GALOTTI INVESTING CORPORATION
(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 (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
GALOTTI INVESTING 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

- 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 10th day of O	CTOBER	20 <u>23</u>
Signature of Authorized Repre	esentative of Limi	ted Liability Company:
		38
Signature of Authorized Represe	ntative:	
Printed Name: ANDRES J GALOT	TI JIMENEZ	Title: PRESIDENT
Signature(s) on behalf of Other	Business Entity:	[See below for required signature(s)]
Signature:		
Printed Name: ANDRES J GALOT	TI JIMENEZ	Title: MGR
Signature:		
Printed Name:		Title:
Signature:		T:41-
rimed Name		Title:
Signature:		
Printed Name:		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
		Title.
If Florida Corporation:		
Signature of Chairman, Vice Chai	rman, Director, or	Officer.
If Directors or Officers have not b	een selected, an In-	corporator must sign.
If Florida General Partnership o	or Limited Liabili	ty Partnership:
Signature of one General Partner.		
If Florida Limited Partnership o	or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partne	ers.	7.
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:		\$25.00
Fees for Florida Articles	of Organization:	\$125.00 \$125.00
Certified Copy:	or Organization.	
Certificate of Status:		\$30.00 (Optional) \$5.00 (Optional)
cermicate of status.		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
GALOTTI INVESTING LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3550 NW 85th Ct	3550 NW 85th Ct
Apt. 651	Apt. 651
DORAL, FL 33122-1982	DORAL, FL 33122-1982
business entity with an active Florida registration.) The name and the Florida street address of ANDRES J GALOTTI JI	, and the second
	Name
3550 NNA/ 95th C+ Apt 6	E1
3550 NW 85th Ct, Apt 6 Florida street address	s (P.O. Box NOT acceptable)
Doral	33122 1082
City	Zip
liability company at the place designate registered agent and agree to act in this constantes relating to the proper and compacted the obligations of my position.	and to accept service of process for the above stated limited ited in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and agreeistered agent as provided for in Chapter 605, F.S

(CONTINUED)

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

"AMBR" = Authorized Member	
"MGR" = Manager MGR	ANDRES J GALOTTI JIMENEZ 6550 SW 85th Ct, Apt 651 DORAL, FL 33122-1982
(Use attachment if necessary)	
1 P. V. Oshan manufatawa (Cassa)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	SECK FALL
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member of with section 605.0203 (1) (b). Florida Statutes. Vam aware the ment to the Department of State constitutes a third degree follows:

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