L24000198805

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000423319420

02/13/24--01010--008 **150.00

2024 FEB 13 FEB 4: 32

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

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of AGUNSA MANATEE TERMINAL LLC	Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	v or husiness trust atra
New York	
(Enter state, or if a non-U.S. entity, the name	e of the country)
08/28/2018 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:
AGUNSA MANATEE TERMINAL 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 cathe 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 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 "Converted or Other Business Entity" has agreed to pay any members having appraisal ri which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	ghts the amount to
	5. 54 L

Signe	d this 24 day of January	20
Signa	ture of Authorized Representative of I	imited Liability Company:
Signal	ture of Authorized Representative:	
Printe	d Name: Urenda Ossa, Maximiliano	Orthor CEO
		thie old
		y: [See below for required signature(s)]
Signat	ure:	
Printed	ure:urenda Ossa, Maximiliano	Title: CEO
Signat	шге:	
Printed	d Name:	Title:
Signati	ure:	
Printed	l Name:	Title:
C:		
Printed	ure:	Title:
	THATIC.	1 tile;
Signati	ure:	
Printed	Name:	Title:
Signati	ure;	
Printed	Name:	Title:
	ida Corporation:	·
Signati	ure of Chairman, Vice Chairman, Director,	O.S.S.
If Direc	ctors or Officers have not been selected, an	or Officer.
., 5	orders have not been selected, an	incorporator must sign.
<u>lf Flor</u>	ida General Partnership or Limited Lial	rility Partnership
Signatu	ire of one General Partner.	2007 X 47 (MC) 3017.
<u>If Flor</u>	ida Limited Partnership or Limited Liab	pility Limited Partnership:
Signatu	ires of ALL General Partners.	•
All oth	ave.	
	ire of an authorized person.	
0.6	no or an authorized person.	
Fees.		
	Articles of Conversion:	\$25.00
	Fees for Florida Articles of Organization	: \$ 125.00
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)
		, ,

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain use words "Limited Liability	ANA TEE TERMINAL LLL y Company, "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1200 Brickell Ave 4th Floor Miaml, FL 33131	1200 Brickelt Ave 4th Floor Miami, FL 33
business entity with an active Florida registration.) The name and the Florida street address of the re Urenda Ossa, Maximiliano Name	
304 NATIONAL STREET	
Florida street address (P.O.	Box NOT acceptable)
PALMETTO	FL 34221 Zip
City	Zip
riability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all. erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
	7. 3 . 3

(CONTINUED)

<u>ر</u> ،

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR - CEO	
AWIBR - CEO	Urenda Ossa, Maximillano
	1200 Brickell Ave 4th Floor Mlami, FL 33131
AMBR - Director	Rodriguez , Jose Fernando
	12:00 Brickell Ave 4th Floor Miami, FL 33131
	30
(Use attachment if necessary)	
JE V: Other provisions, if any.	
	•
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Signature of a member or a	n authorized representative of a member
Signature of a member or a This document is executed in accordance vary false information submitted in a document	
Signature of a member or a This document is executed in accordance vany false information submitted in a docum as provided for in s.817.155, F.S. Urenda Ossa, Maximiliano Typ	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the to the Department of State constitutes a third degree fellowed or printed name of signee
Signature of a member or a This document is executed in accordance vany false information submitted in a docum as provided for in s.817.155, F.S. Urenda Ossa, Maximillano Typ	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the to the Department of State constitutes a third degree fellowed or printed name of signee Filing Fees Organization and Designation of Positored