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COVER LETTER

TO:	New Filing Se									
	Division of Co	•								
SUBJ	ECT: Antares Ir	nvestments Group, Inc.					<u> </u>	_		
		(Name of Resu	ılting	Florida Limi	ted Com	ipany)				
The er Busine	nclosed Articles ess Entity" into	of Conversion, Articl a "Florida Limited Lia	es of abilit	Organizat y Company	ion, and y" in ac	d fees are subrecordance with	nitted to a s. 605.	convert 1045, F.S	an "O 3.	ther
Pleasc	return all corre	espondence concerning	; this	matter to:						
Ana M	laria P. Peixoto				_					
		(Contact Person)					- {}			
Antare	es Investment Gre	oup, Inc			_		- 11			
		(Firm/Company)	,				-			
540 B	rickell Key Dr. Ap	ot. 910								
		(Address)			_					
Miami	, FL 33131				_					
	((City, State and Zip Code)								
anoca	2002@hotmail.c	om			_		\]			
E-r	nail Address: (to b	e used for future annual re	port n	otifications)						
For fi	ırther informati	on concerning this ma	iter,	please call:			 			
Ana M	Maria P. Peixoto		at (305	335-9	9813				
	(Name of Conta	ict Person)	_	(Area Code	(Day	time Telephone	Number)			
dollar \$15 (\$25 fo & \$12		or the following amount a bank located in the \$155.00 Filing Fees and Certificate of Status	Unite ⊒:		g Fees	Sed by this off \$185.00 Fill Certified Copy Certificate of	ing Fees,	be paya		US
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27			New Divis The C 2415	t Address: Filing Section ion of Corpora Centre of Talla N. Monroe St hassee, FL 32	ations hasse c reet, Sui	STORET OF STATE	mil APR 20 PM In: O'	

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, Flori
Statutes.
\mathbb{I}
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Antares Investments Group, Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
04/25/2003 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
Antares Investments Group, 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 afte
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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Antares Investments Group, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 540 Brickell Key Dr. Apt. 910 540 Brickell Key Dr. Apt 910 Miami, FL 33131 Miami, FL 33131 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate and individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: ANA MARIA P. PEIXOTO Name 540 Brickell Key Dr. Apt. 910 Florida street address (P.O. Box **NOT** acceptable) Miami City 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.. 's Signature (REQUIRED) Registered Agen (CONTINUED)

	•		11
Signed this day	y of	_20 <u>24</u>	
Signature of Authorized	Representative of Limi	ted biability Company:	
Signature of Authorized Formula Printed Name: Ana Maria P	Representative:	Title: President	
Signature(s) on behalf of	Other Business Entity: [See below for required signa	ture(s)
Signature:Printed Name: Ana Maria P	dulun		
Printed Name: Ana Maria P	. Peixoto	Title: President	
Signature: Printed Name Solange S. L	tu fo		
Printed Name/Solange S. L	opes /	Title: VP	[]
Signature:			
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Signature:			\}
Printed Name:		Title:	
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If Florida Corporation: Signature of Chairman, Villa Directors or Officers have			
If Florida General Partne	ershin ar Limited Liabili	ty Partnershin:	11
Signature of one General F		ty i at the ismp.	11
Signature of one Ceneral I			- 11
If Florida Limited Partners Signatures of <u>ALL</u> Genera		ty Limited Partnership:	
All others: Signature of an authorized	person.		
Fees:			-

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

		14
Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	Ana Maria P. Peixoto	
MOLL	540 Brickell Key Dr. Apt. 910	
	Miami, FL 33131	
AMBR	Solange S. Lopes	
ANDI	540 Brickell Key Dr. Apt. 910)
	Miami, FL 33131	j
]
(Use attachment if necessary)		\ <u>\</u>
CLE V: Other provisions, if any.		
CLE V: Other provisions, if any.		
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	PULL	
n K	elly	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative	of a member
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Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florid ment to the Department of State const	a Statutes. I am aware that itutes a third degree felony
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ARTICLE IV-