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ACCOUNT NO. : I2000000195 REFERENCE : COST LIMIT : \$ 150.0 ORDER DATE : 06/06/24 ORDER TIME : ORDER NO. : CUSTOMER NO: .conversion and incorp.. DOMESTIC FILING NAME: LE DEC INVESTMENTS 1800 EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: shauna godbolt

1201 Hays Street --Tallhassee, FL 32301 Phone: 850-558-1500

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 fo	llowing
"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.10	
Statutes.	•

(Enter Nam	ne of Other Business Entity)
2. The "Other Business Entity" is a	CORPORATION
	oration, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated u	ander the laws of BRITISH VIRGIN ISLANDS
,	(Enter state, or if a non-U.S. entity, the name of the country)
OCTOBER 24, 2013	
OGTOBER 24, 2013	
On(date of organization, formation or incorporat	ility Company as set forth in the attached Articles of Organization:
on(date of organization, formation or incorporate 3. The name of the Florida Limited Liab LE DEC INVESTME!	ility Company as set forth in the attached Articles of Organization:
on	ility Company as set forth in the attached Articles of Organization:
on (date of organization, formation or incorporate) 3. The name of the Florida Limited Liab LE DEC INVESTME! (Enter Name of Florida Limited Liab)	ility Company as set forth in the attached Articles of Organization: NTS 1800 LLC ida Limited Liability Company)
(date of organization, formation or incorporate 3. The name of the Florida Limited Liab LE DEC INVESTMEI (Enter Name of Florida Limited Liab) (Enter Name of Florida Limited Liab) (Enter Name of Florida Limited Liab)	ility Company as set forth in the attached Articles of Organization: NTS 1800 LLC ida Limited Liability Company) nter the effective date: date of receipt or filed date nor more than 90 calendar days after
on (date of organization, formation or incorporated) 3. The name of the Florida Limited Liability (Enter Name of Florida Limited Liability) (Enter Name of Florida Limited Liability)	ility Company as set forth in the attached Articles of Organization: NTS 1800 LLC ida Limited Liability Company) nter the effective date: date of receipt or filed date nor more than 90 calendar days after

Signed this day of	20		
Signature of Authorized Representative of Lim	ited Liability Company:		
Signature of Authorized Representative:	PRESIDENT OF FORENSI ADVISORY SERVICES INC	C-ACCOUNTING & C, MANAGER	·—
Signature: (Selling)			
Printed Name: EDUARDO BELMONT	Title: DIRECTOR		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature: _			
Signature:Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature:		·	
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.	2024 JUN	7
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	- 5 6 - 6	T
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	AM 9: 47 SEF, FL	
All others: Signature of an authorized person.		LTE CT	
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)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
LE DEC INVESTMENTS 1800 LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "1.L.C.")
ARTICLE II Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1825 PONCE DE LEON BLVD - SUITE-642
CORAL GABLES, FL 33143
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
FORENSIC ACCOUNTING & ADVISORY SERVICES INC
Name
1825 PONCE DE LEON BLVDSUITE_642
Florida street address (P.O. Box NOT acceptable)
CORAL GABLES, IFIL 33143
City Zip 2021 JUII - 6 M
Registered A gent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	FORENSIC ACCOUNTING & ADVISORY SERVICES INC 1825 PONCE DE LEON BLVD, SUITE 642
· · · · · · · · · · · · · · · · · · ·	-CORAL-GABLES, FL-33143
	MANUEL MANUEL PLANTED IN THE PARTY OF THE PA
	
	
Use attachment if necessary) LE V: Other provisions, if any.	2024
	2024 JUN - 6
EOUIRED SIGNATURE:	a authorized representative of a member
any false information submitted in a docume	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that and to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
as provided for in 8.817.133, F.S.	DUARDO BELMONT