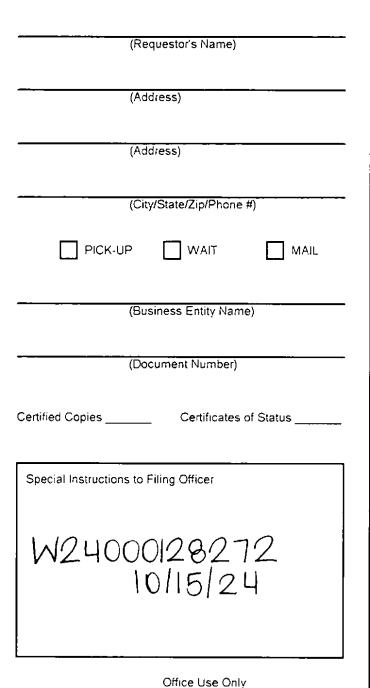
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2024

ARTURO BLANCO 2424 N. FEDERAL HIGHWAY SUITE 116 BOCA RATON, FL 33431 US

SUBJECT: JARA NUMISMATICS Ref. Number: W24000128272

We have received your document for JARA NUMISMATICS and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The name of the entity must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson Regulatory Specialist II

Letter Number: 424A00020473

2024 OCT 15 PM 7:42

www.sunbiz.org

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 Artic JARA NUMISMATICS, LIMITED LIABILITY COMPANY	cles of Conversion is:
(Enter Name of Other Business Entity)	_ -
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, comm	ion law or business trust, etc.
First organized, formed or incorporated under the laws of	no name of the country)
SEPTEMBER 22, 2021	ic name of the country;
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art JARA NUMISMATICS, LIMITED LIABILITY COMPANY	ticles of Organization:
(Enter Name of Florida Limited Liability Company)	_·
4. If not effective on the date of filing, enter the effective date: SEPTEMBER 1, 2024	_ .
(The effective date: Cannot be prior to date of receipt or filed date nor more than 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 didocument'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 appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	isal rights the amount to FILED EN 7: L

Signed this 16 day of AUGUST	20 <u>24</u> .			
Signature of Authorized Representative of Limit	ed Liability Company:			
Signature of Authorized Representative: Printed Name: CARLOS JARA MORENO	Title: MANAGER	_		
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)			
Signature: Printed Name: CARLOS JARA MORENO.	Title: MANAGER	_		
Signature:	Title:	-		
Printed Name: PAULINA ALEJANDRA SORIA ROJAS	Title: MANAGER	_		
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	Title:	-		
Signature:		-		
Printed Name:	Title:	- -		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Incompared to the Corporation of Cliffornia (Corporation).		TALL A	2024 OCT	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			1 15	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	FLORIDA	PH 7:41	Ċ
All others: Signature of an authorized person.		•		
Fecs:				
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

(M	and the second s	OMPANY	
	ust contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")	····
ARTICLE II - Ad			
The mailing address	ss and street address of the	ne principal office of the Limited	d Liability Company is:
Principal Office A	Address:	Mailing Address:	
1221 SACHEM HEAD TERRACE		1221 SACHEM HEAD TER	RACE
WELLINGTON, FLC	ORIDA 33414	WELLINGTON, FLORIDA	33414
(The Limited Liability C	ompany cannot serve as its own I	ered Office, & Registered Age Registered Agent. You must designate an i	ent's Signature: ndividual or another
(The Limited Liability Country with an a	ompany cannot serve as its own lactive Florida registration.) Florida street address of a	Registered Agent. You must designate an i	ndividual or another
(The Limited Liability Country with an a	ompany cannot serve as its own lactive Florida registration.) Florida street address of a	Registered Agent. You must designate an i	ndividual or another 2024 OCT FALLAHAS
(The Limited Liability Country with an a	ompany cannot serve as its own lactive Florida registration.) Florida street address of a	Registered Agent. You must designate an in the registered agent are:	ndividual or another 2024 OCT 15 FALLAHASSEE
(The Limited Liability Country with an a	ompany cannot serve as its own I active Florida registration.) Florida street address of a ARTURO BLANCO N 2424 NORTH FEDERAL	Registered Agent. You must designate an in the registered agent are:	ALLAHASSEELFE
(The Limited Liability Country with an a	ompany cannot serve as its own I active Florida registration.) Florida street address of a ARTURO BLANCO N 2424 NORTH FEDERAL	Registered Agent. You must designate an in the registered agent are: lame HIGHWAY, SUITE 116	ndividual or another 2024 OCT 15 FALLAHASSEE

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
	"MGR" = Manager MGR	CARLOS JARA MORENO 1221 SACHEM HEAD TERRACE WELLINGTON, FLORIDA 33414			
	MGR	PAULINA ALEJANDRA SORIA ROJAS 1221 SACHEM HEAD TERRACE WELLINGTON, FLORIDA 33414			
	(Use attachment if necessary)		1200000	2024 OCT	i
ARTIONE	CLE V: Other provisions, if any.		TARY OF STATE	1 15 PM 7148	
	REQUIRED SIGNATURE:		7.	3	
	This document is executed in accordance v	on authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am award to the Department of State constitutes a third degr	vare tha	t 'Y	
	CARALOS JARA MORENO				
	Тур	ed or printed name of signee			

Filing Fees

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