# L24000517586

(Re	questor's Name)	
	dress)	
	·	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
	•	
		İ
		ļ.

Office Use Only



300440711963

12/10/24--01015--007 \*\*150.00

SECRETT YOF STATE
TALLAMASTILL FIGRIDA

15 × 113 huy



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation, a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership; a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

Filing Fees: \$150.00 (\$25 for Articles of Conversion and

\$125 for Articles of Organization)

Certified Copy (optional): \$30.00

Certificate of Status (optional): \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

#### Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

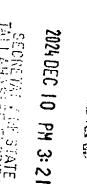
#### Street Address:

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

For further information, you may contact the New Filing Section at (850) 245-6052.

Important Notice: As a condition to the conversion, pursuant to s.605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State for filing.

INHS11 (7/17)



#### **COVER LETTER**

Division of C	Corporations				
SUBJECT: BAC LE	VEL GROUP AMERICAS	S CORPORAT	ION		
30D0EC1		sulting Florida L		npany)	_
				nd fees are submitted to coordance with s. 605.	
Please return all corr	espondence concernin	g this matter	to:		
ANDRES HURTADO					
	(Contact Person)		<del></del>		
PRODEZK INC					
	(Firm/Company)	-	<del></del>		
848 BRICKELL AVE S	STE 950				- 23
	(Address)				SEC.
MIAMI, FL 33131					TALLARIAN
(	City, State and Zip Code)				
INFO@PRODEZK,CC	DM				
E-mail Address: (to b	be used for future annual re	port notification	ıs)		3: 2 STATE STATE
For further informati	on concerning this ma	tter, please ca	all:		5H 2
ANDRES HURTADO		at ( <sup>786</sup>	9779	)421	
(Name of Cont	act Person)		ode) (Day	ytime Telephone Number)	_
	for the following amou a a bank located in the		-	sed by this office must	be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fi and Certified	~	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:		Stree	t Address:	
New Filing S				Filing Section	
Division of C P.O. Box 632	-			ion of Corporations Centre of Tallahassee	
1.O. DOX 032	• 1		1110	JUNITE OF LAHMINGSER	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

#### **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 Arti BAC LEVEL GROUP AMERICAS CORPORATION	icles of Conversion is:
(Enter Name of Other Business Entity)	<u>—</u> ·
2. The "Other Business Entity" is a CORPORATION	
(Enter entity type. Example: corporation, limited partnership, general partnership, comm	mon law or business trust, etc.
First organized, formed or incorporated under the laws of	<del> </del>
(Enter state, or if a non-U.S. entity, t	the name of the country)
09/04/2012 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	rticles of Organization:
BAC LEVEL GROUP AMERICAS LLC	_
(Enter Name of Florida Limited Liability Company)	<del></del> ·
4. If not effective on the date of filing, enter the effective date: 12/03/2024	<u></u> .
(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 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	s.
6. The "Converted or Other Business Entity" has agreed to pay any members having apprawhich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	aisal rights the amount to
	SECRE!

Signed this 03RD day of DECEMBER	2024
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: CARINA ELIDA VILLAR RIVERO	Title: MGR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:Printed Name: CARINA ELIDA VILLAR RIVERO	Title: MGR
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir.	ncorporator must sign.
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
Fees:	***-*** ******************************

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

2024 DEC 10 PM 3: 21
SECCESSION SECTED AND A SECCESSION SECTED AND A SECURITY SECURI

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BAC LEVEL GROUP AMERICAS LLC  (Must contain the words "Limited Link")	
(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:

Principal Occ	
Principal Office Address:	Mailing Address:
11921 SW 132ND CT MIAMI, FL 33186	11921 SW 132ND CT MIAMI, FL 33186

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:

PRODEZK INC	
N	lame
848 BRICKELL AVE STE	E 950
Florida street address (	P.O. Box NOT acceptable)
MIAMI 	FL 33131
City	Zip

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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR = Mallagel	CARINA ELIDA VILLAR RIVERO
	11921 SW 132ND CT
	MIAMI, FL 33186
<del></del>	
	<del></del>
· · · · · · · · · · · · · · · · · · ·	MECHONIA SECRETATION ALLAMASS
(Use attachment if necessary)	
E V. Other provisions if any	
LE V: Other provisions, if any.	
	<u></u>
	ATE 2
REQUIRED SIGNATURE:	
	<u>f</u>
	· ·
Signature of a member or	r an authorized representative of a member
	e with section 605.0203 (1) (b), Florida Statutes. I am aware the
any false information submitted in a doci	ument to the Department of State constitutes a third degree felo
•	
CARINA ELIDA VILLAR RIVERO	yped or printed name of signee

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