

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: GRUPO HOBBY CORP

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

MANUEL GOMEZ

Contact Person

Firm/Company

6413 ASTOR VILLAGE AVE APT 206

Address

ORLANDO, FL 32835

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARIO ALVAREZ at (407) 376-2911

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

GRUPO HOBBY LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA - USA
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/14/2015

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

FLORIDA - USA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

GRUPO HOBBY CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 08/01/2015

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

FILED
15 AUG 31 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 18 day of AUGUST, 2015

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Printed Name: MANUEL GOMEZ Title: PRES

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: MANUEL GOMEZ Title: AMBR

Signature: _____

Printed Name: LILIANA CACERES Title: AMBR

Signature: _____

Printed Name: N/A Title: N/A

Signature: _____

Printed Name: N/A Title: N/A

Signature: _____

Printed Name: N/A Title: N/A

Signature: _____

Printed Name: N/A Title: N/A

FILED
15 AUG 31 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

- Certificate of Conversion: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

GRUPO HOBBY CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
6413 ASTOR VILLAGE AVE APT 206
ORLANDO, FL 32835
N/A

Mailing address, if different is:
N/A
N/A
N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL BUSINESS

N/A
N/A
N/A
N/A
N/A
N/A

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

1000 - 100% OF SHARES ARE OWNED BY HOBBY BTL COMUNICACIONES Y EVENTOS S.A.S.

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANUEL GOMEZ - PRES
Address: 6413 ASTOR VILLAGE AVE APT 206
ORLANDO, FL 32835

Name and Title: LILIANA CACERES - VICE PRES
Address: 6413 ASTOR VILLAGE AVE APT 206
ORLANDO, FL 32835

Name and Title: HOBBY BTL COMUNICACIONES Y EVENTOS S.A.S. - VP
Address: CALLE 134 B # 47-50
BOGOTA COLOMBIA

Name and Title: N/A
Address: N/A
N/A

Name and Title: N/A
Address: N/A
N/A

Name and Title: N/A
Address: N/A
N/A

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: MANUEL GOMEZ
Address: 6413 ASTOR VILLAGE AVE APT 206
ORLANDO, FL 32835

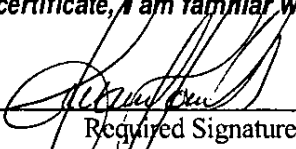
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MANUEL GOMEZ
Address: 6413 ASTOR VILLAGE AVE APT 206
ORLANDO, FL 32835

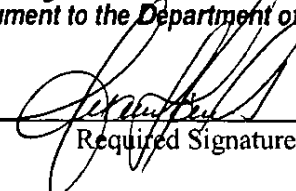
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

08/11/2015
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

08/11/2015
Date