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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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### **LAZARUS**

CORPORATE FILING SERVICE

3320 5W 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCUMENT NUMBER(5), (if known):

| Construcciones AAA, LLC      | (CONVERSION)            |
|------------------------------|-------------------------|
| (Corporation Name)           | (Document #)            |
|                              |                         |
| (Corporation Name)           | (Document #)            |
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| ₩alk in Plck up time 2.00    | ☐ Certified copy        |
| □ Dharacany                  | ☐ Certificate of Status |
| Mail out Will wait Photocopy | martinger of action     |

#### **COVER LETTER**

TO:

Charter Section

Tallahassee, FL 32301

| Division of Corp  |   |  |                            |  |
|---|---|--|----------------------------|--|
| SUBJECT: <u>CONS</u>  | Fructiona S<br>Name of                          | AAA LL<br>Resulting Florida Pi           | <u>C</u><br>rofit C        | Corporation Corporation  |
| The enclosed Certificate Entity" into a "Florida Pr   |   | •  |                            | es are submitted to convert an "Other Business 5, F.S.                       |
| Please return all correspo  | ondence concerning this                         | s matter to:                             |                            |  |
|   | Contact Person                                  | <u></u>                                  |                            |  |
| LAZABUS C   | Firm/Company                                    | folinas                                  |                            |  |
| 3320 S.W.   |   |  |                            |  |
| Miami Fl  | 33166<br>City, State and Zip Code               | · · · · · · · · · · · · · · · · · · ·    |                            |  |
| E-mail address: (to   | be used for future annu                         | al report notificatio                    | ın)                        |  |
| For further information c   | oncerning this matter, p                        | olease call:                             |                            |  |
|   |   | _at ()_                                  |                            | Daytime Telephone Number   |
| Name of Con   | tact Person                                     | Area Code                                | e and                      | Daytime Telephone Number   |
| Enclosed is a check for th  | ne following amount:                            |  |                            |  |
|   | D\$113.75 Filing Fees and Certificate of Status | □\$113.75 Filing F<br>and Certified Copy | y.                         | □\$122.50 Filing Fees. Certified Copy, and Certificate of Status             |
| STREET ADDRESS:<br>New Filings Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center C | ircle   | No<br>Di<br>P.                           | ew Fil<br>ivisioi<br>O. Bo | NG ADDRESS:<br>lings Section<br>of Corporations<br>ox 6327<br>ssee, FL 32314 |

20,000

## 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.

| to The state of th |
|--|
| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:   |
| Construcciones AAA, LLC L18-143944   |
| 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 the State of Florida   |
| (Enter state, or if a non-U.S. entity, the name of the country)  |
| on   |
| Enter date "Other Business Entity" was first organized, formed or incorporated   |
| 1. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Construcciones AAA, Corp.  |
| Enter Name of Florida Profit Corporation   |
| If not effective on the date of filing, enter the effective date:  The effective date: Cannot be prior to nor more than 90 days after 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 isted as the document's effective date on the Department of State's records.  |
| Page 1 of 2  |

18 JUN 19 AM S: OL SECRETARY OF STATE FALL AHASSEE, FLORIDA

| Signed thisday of   | 20                       |                          |   |
|---|--------------------------|--------------------------|---|
| Required Signature for Florida Profit Corporatio  |                          |                          |   |
| Signature of Chairman, Vice Chairman, Director, Off Incorporator:  Printed Name: Antonio Garcia  Title: Incorporation |                          | n selected, an           |   |
| Required Signature(s) on behalf of Other Business   |                          | s).]                     |   |
| Signature: WILLIAM J AVIS   | trabal f.                |                          |   |
| Printed Name: William James Aristizabal   | Title: Authorized Member |                          |   |
| Signature:  |                          |                          |   |
| Printed Name:   | Title:                   |                          |   |
| Signature:  |                          |                          |   |
| Printed Name:   | Title:                   |                          |   |
| Signature:  |                          |                          |   |
| Printed Name:   | Title:                   |                          |   |
| Signature:  |                          | <del>-</del>             |   |
| Printed Name:   | Title:                   |                          |   |
| Signature:  |                          |                          |   |
| Printed Name:   | Title:                   | •                        |   |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.                               | y Partnership:           |                          |   |
| If Fiorida Limited Partnership or Limited Liability Signatures of ALL General Partners.                               | y Limited Partnership:   |                          |   |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative.                             |                          | -                        |   |
| All others: Signature of an authorized person.  | •                        | 18<br>SEC<br>TALL        |   |
| Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:         |                          | JUN 19 AH                |   |
|   | Page 2 of 2              | 9: 04<br>STATE<br>LORIDA | J |

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

| The name of the corporation sl                     | hall be: CONSTRUCCIONES A           | AAA, CORP.                            | -                 |
|--|-------------------------------------|---------------------------------------|-------------------|
|  |                                     |                                       |                   |
| ARTICLE II PRINCIF The principal place of business | 'AL OFFICE<br>s/mailing address is: |                                       |                   |
| Principal stre                                     | set address                         | Mailing address, if different is:     |                   |
| 2121 PONCE DE LEON BLVE                            | )                                   | .vianing address, it different is:    |                   |
| SUITE 1050   |                                     |                                       | •                 |
| CORAL GABLES, FL 33134                             |                                     |                                       |                   |
| ARTICLE III PURPOS                                 |                                     |                                       |                   |
| The purpose for which the co                       | •                                   |                                       |                   |
| Holding company for construct                      | on purposes.                        |                                       | <del></del>       |
|  |                                     |                                       |                   |
|  |                                     |                                       |                   |
|  |                                     |                                       |                   |
| ·  | <u> </u>                            | <u></u>                               | <del></del>       |
|  |                                     |                                       | <u>ت</u><br>      |
|  |                                     | <b>無行</b><br>2020<br>2020             | ₹ 7               |
|  |                                     | ————————————————————————————————————— | <del>- 30</del> } |
|  |                                     | <u> </u>                              | <u> </u>          |
|  |                                     | 25.                                   | يَي رُ            |
| ARTICLE IV SHARES The number of shares of stock    | 100 Shares                          | ATE<br>BIORI                          | 0                 |
| the number of states of stock                      | 15.                                 |                                       | +                 |
| ARTICLE V INITIAL C                                | OFFICERS AND/OR DIRE                | ECTORS                                |                   |
| Name and Title: GRAJALES,                          | CATALINA, Administrator             | Name and Title:                       |                   |
| Address: 2121 Ponce de                             | e Leon Blvd., Suite 1050            | Address:                              | -                 |
| Coral Gables,                                      | FL 33134                            |                                       | <del></del>       |
| Name and Titie: ARISTIZAB                          | AL, WILLIAM JAMES, P/Dir.           | Name and Title:                       |                   |
|  | e Leon Blvd., Suite 1050            | Address:                              |                   |
| Coral Gables,                                      | FL 33134                            |                                       |                   |
| Name and Title: ESPITIA, JO                        | SE MANUEL, Secretary                | Name and Title:                       |                   |
| <del></del>  | e Leon Blvd., Suite 1050            | Address:                              |                   |
| Coral Gables,                                      | FL 33134                            |                                       | =:- <del></del>   |

| The name                  | and Florida street address (P.O. Box NOT acceptable)  | of the registered agent is:   |  |               |
|---------------------------|---|---|--|---------------|
| Name:                     | Consulting Services of South Florida, Inc.  |   |  |               |
| Address:                  | 2121 Ponce de Leon Blvd., Suite 1050  |   |  |               |
|                           | Coral Gabl;es, FL 33134   |   |  |               |
| ARTICL                    | E VII INCORPORATOR  |   |  |               |
| The name                  | and address of the Incorporator is:   |   |  |               |
| Name:                     | William James Aristizabal   |   |  |               |
| Address:                  | 2121 Ponce de Leon Blvd., Suite 1050  |   |  |               |
|                           | Coral Gables, FL 33134  |   |  |               |
|                           |   |   |  |               |
|                           |   |   |  |               |
| Having be                 | ten named as registered agent to accept service of proce  | ss for the above stated corporation   | on at the place                              | designated in |
| Having by                 | een named as registered agent to accept service of proceducate, I grant familiar with and accept the appointment as the service of proceducate, I grant familiar with and accept the appointment as the service of proceducate, I grant familiar with and accept the appointment as the service of proceducate of the service of | ss for the above stated corporation<br>registered agent and agree to act in<br>6/14/2018        | on at the place<br>in this capacity          | designated in |
| Having be                 | ten named as registered agent to accept service of proceducate, I are familiar with and accept the appointment as the Required Signature/Registered Agent   | registered agent and agree to act i   | on at the place<br>in this capacity          | designated in |
| this certif.  I submit t  | icate, I gif familiar with and accept the appointment as i  | 6/14/2018  6/14/2018  Date  true. I am aware that any false fony as provided for in \$.817.155, | in this capacity  : information s            |               |
| this certif.  I submit t  | Required Signature/Registered Agent this document and affirm that the facts stated herein are to the Department of State constitutes a third degree fel   | 6/14/2018  6/14/2018  Date  true. I am aware that any false fony as provided for in \$.817.155, | in this capacity  : information s            |               |
| this certif.  I submit to | Required Signature/Registered Agent this document and affirm that the facts stated herein are to the Department of State constitutes a third degree fell (1) (1) am 3 Avistically (1)   | 6/14/2018 Date  true. I am aware that any false lony as provided for in s.817.155, 6/14/2018    | in this capacity  information s F.S.  TALLAH |               |

ETARY OF STATE HASSEE, FLORIDA 29 119 AM 9:04