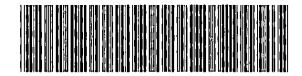
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(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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N CULLIGAN JUL 1 3 2018

COVER LETTER

TO:	Charte	r Sec t ior	l			
	Divisio	on of Co.	rporations			
SUBJ	JECT:	4		BCIRE AG, Inc		
			Name of	Resulting Florida	Profit	Corporation
			e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Other Business 15, F.S.
Please	e return a	ll corres _l	ondence concerning this	s matter to:		
			Rafael E. Sosa			
			Contact Person			
			Rafael E. Sosa, P.A.			
			Firm/Company	•		
		3	971 SW 8th Street, Suite 36	05		
			Address			
			Miami, FL 33134-2951			
			City, State and Zip Code	e		
			rsosa@sosacpa.com			
-	E-mail ac	ldress: (t	o be used for future anni	al report notificati	on)	
For fu	arther info	rmation	concerning this matter,	please call:		
	R	afael E. S	osa	_at ()	442-7	
	Na	me of Co	ontact Person	Area Co	de and	Daytime Telephone Number
Enclo	sed is a c	heck for	the following amount:			
= \$11	05.00 Fili	ng Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop		□\$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



July 5, 2018

RAFAEL E. SOSA, PA 3971 SW 8TH STREET, SUITE 305 MIAMI, FL 33134

SUBJECT: BCIRE AG, INC. Ref. Number: W18000061605

We have received your document for BCIRE AG, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong coversion form was sent. I am enclosing the correct form. NOTE the additional filing fee of \$80.00.

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.

Letter Number: 718A00013839

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

Division of Comparations D.O. DOV 6997 Tallaharras Elavida 9991

Certificate of Conversion For

"Other Business Entity"

Florida Profit Corporation

FILED

2018 JUL 13 PM 3: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
BCIRE AG, LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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
(Enter state, or if a non-U.S. entity, the name of the country)
06/21/2018 on
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: 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>:
BCIRE AG. INC
Enter Name of Florida Profit Corporation
5. 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
listed as the document's effective date on the Department of State's records.

Page 1 of 2

Signed thisday of	20
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Guillenno C. Carvajal Title: Director	ter, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]
Signature: Aullum Claveja	<u>_</u>
Signature: <u>Hullumo C. Carvija</u> Printed Name: Guillermo C. Carvajal	Title: Managing Member
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	· · ·
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Certificate of Conversion; Fees for Florida Articles of Incorporation; Certified Copy; Certificate of Status;	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

FILED

	-			
ARTICLE I	NAME ne corporation shall be:	BCIRE AG, INC		2018 JUL 13
ARTICLE II				SECRETARY (TALLAHASSEE
	place of business/mailing			
3971 SW 8th S	Principal street addres treet, Suite 305	SS		Mailing address, if different is:
Miami, FL 331	34-2951			
The purpose for	I PURPOSE or which the corporation	-		
The purpose of	the corporation is to enga	ge in any lawful activity —————	y for which corpora	ations may be incorporated in this state
	·			
	_			· · · · · · · · · · · · · · · · · · ·
	SHARES 100 Shares of stock is:			
ARTICLE V	INITIAL OFFICE	RS AND/OR DIRE	CTORS	
Name and Titl	Gabriela A. Guzman / I		Name and Title:	Guillermo C. Carvajal / Director, Secretary
Address:	3971 SW 8th Street, Sui	ite 305	Address:	3971 SW 8th Street, Suite 305
radiess.	Miami, FL 33134-2951			Miami, FL 33134-2951
Name and Titl	Cynthia A. Velarde / Di	irector, Treasury	Name and Title:	;
Address:	3971 SW 8th Street, Sui	ite 305	Address:	
Addiess.	Miami, FL 33134-2951		Audiess.	
Name and Titl	e:		Name and Title	:
Address:		<u> </u>	Address:	
,				<u> </u>

The name	and Florida street address (P.O. Box NC	OT acceptable) of the registered agent is:	FILED
Name:	Rafael E. Sosa, P.A.	_	2018 JUL 13 PH 3: 18
Address:	3971 SW 8th Street, Suite 305		CECRETARY OF STATE
	Miami, FL 33134-2951	_	SECRETARY OF STATE TALLAHASSEE, FLORID
ARTICL			
ine <u>name</u>	e and address of the Incorporator is:		
Name:	Guillermo C. Carvajal		
Address:	3971 SW 8th Street, Suite 305		
	Miami, FL 33134-2951		
this certifi	Required Signature/Registered Agent	Date	act in this capacity ZO18
		ted herein are true. I am aware that uny	
document	to the Départment of State constitutes a th	tird degree felony as provided for in s.817.	1,55, F.S.
	Required Signature/Incorporator		/ <u>// </u>

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