## P1800085584

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SECRETARY STAIRS

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## **COVER LETTER**

TO: Charter Section

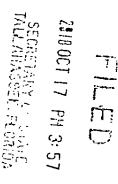
Division of Cor	porations		
SUBJECT:ADEM/	AR HOLDINGS INC.		
	Name of	Resulting Florida Profit	Corporation
	e of Conversion, Articles Profit Corporation" in ac		ees are submitted to convert an "Other Business 15, F.S.
Please return all corresp	ondence concerning this	s matter to:	
ANDRES E BAZO			
	Contact Person		
RASCO KLOCK PEREZ	NIETO PL		
-	Firm/Company		
2555 PONCE DE LEON	BLVD SUITE 600		
	Address		
CORAL GABLES FL 33	134		
	City, State and Zip Code	•	
ABAZO@RASCOKLOC	ск.сом		
E-mail address: (t	o be used for future annu	ual report notification)	
For further information	concerning this matter,	please call:	
ANDRES E BAZO		at ( ) 476	7100
Name of Co	ontact Person	- · · <del></del>	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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301		New F Divisio P. O. E	ING ADDRESS: ilings Section on of Corporations lox 6327 assee, 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:  ADEMAR HOLDINGS, LLC LIS - 206293
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 ofSTATE OF FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
08/28/2018 on
Enter date "Other Business Entity" was first organized, formed or incorporated
<ul> <li>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:</li> <li>4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u></li> </ul>
ADEMAR HOLDINGS, 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	this 25 day of SEPTEMBER	. 20 18	
Requir	ed Signature for Florida Profit Corporation:		
Income	re of Chairman, Vice Chairman, Director, Office orator: JOSEFA CUQUEJO Title: DIRECTO	r, or, if Directors or Officers have not been selected, an	ı
	ed Signature(s) on behalf of Other Business E		
Signati	are: Carafas		
Printed	Name:	_ Title: MANAGER	
Signati	ire:		
Printed	Name:	_ Title:	
Signati	ire:	<del></del>	
Printed	Name:	_ Title:	
Signati	ие:		
Printed	Name:	_ Title:	
Signati	ire:		
Printed	Name:	_ Title:	
Signatt	ire:		
Printed	Name:	Title:	
<u>If Flor</u> Signan	ida General Partnership or Limited Liability I are of one General Partner.	Partnership:	
	ida Limited Partnership or Limited Liability L ires of <u>ALL</u> General Partners.	imited Partnership:	
	ida Limited Liability Company: ire of a Member or Authorized Representative.		
All oth Signatu	ers: are of an authorized person.		
Fees:	Certificate of Conversion:	\$35.00	
	Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$70.00 \$8.75 (Optional) \$8.75 (Optional)	

Page 2 of 2

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

he name of the corporation shall be:	DINGS. INC.	
RTICLE II PRINCIPAL OFFICE		
he principal place of business/mailing address is:		
Principal street address 627 S BAYSHORE DRIVE #1503		Mailing address, if different is:
COCONUT GROVE FL 33133		
	<del></del>	
RTICLE III PURPOSE  the purpose for which the corporation is organized is:		
LL LAWFUL AND LEGAL PURPOSES		
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
·		
ARTICLE IV SHARES 1000		
he number of shares of stock is:	<del></del>	
RTICLE V INITIAL OFFICERS AND/OR D	IRECTORS	
lame and Title:	Name and Tit	ADRIANO TAVARES- DIRECTOR
ddress: 2627 S BAYSHORE DRIVE #1503	Address:	2627 S BAYSHORE DRIVE #1503
COCONUT GROVE FL 33133		COCONUT GROVE FL 33133
<del></del>	<del></del>	
Name and Title:	Name and Tit	le:
Name and Title:		
11	Address:	le:
Address:	Address:	le:
Address:	Address: Name and Titl	le:
Vame and Title:	Address: Name and Titl	le:

Name:	Transworld Business Management LLC	
Address:	2555 Ponce de Leon Blvd Suite 600	
	Coral Gables FL 33134	
<u>ARTICL</u>	<del></del>	
The name	e and address of the Incorporator is:	
Name:	JOSEFA CUQUEJO	
Address:	2627 S BAYSHORE DRIVE #1503	
	COCONUT GROVE FL 33133	
********* Having b	**************************************	**************************************
	icate, I am familiar with and accept the appointment	as registered agent and agree to act in this capacity
this certif		
this certif		09/25/2018
this certif	Required Signature/Registered Agent	09/25/2018 Date
I submit i	Required Signature/Registered Agent	Date  are true. I am aware that any false information subn
I submit i	Registered Agent his document and affirm that the facts stated herein	Date  are true. I am aware that any false information subn