

PI9000030S13

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

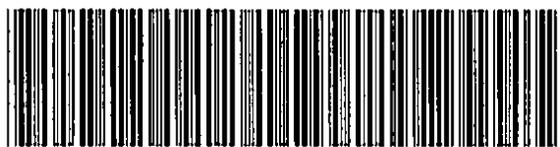
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

APR 10 2019

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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:
INSTITUTO EUROPEO DE INTELIGENCIAS EFICIENTES AMERICA, LLC

Enter Name of Other Business Entity
Limited Liability Company

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

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

(05/29/2018

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:
N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**
INSTITUTO EUROPEO DE INTELIGENCIAS EFICIENTES AMERICA, 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.

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TALLAHASSEE, FLORIDA

Signed this _____ 4th _____ day of April _____, 2019 _____.

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: Estrella Flores Carretero Title: President

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

Signature: _____
Printed Name: Instituto Europeo de Inteligencias Eficientes Title: AMBR

Signature: _____
Printed Name: Estrella Flores Carretero Title: MGR

Signature: _____

Printed Name: _____ Title: _____

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)

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 NOTARY OF STATE
 TALLAHASSEE, FLORIDA
 L. L. U.

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

ARTICLE I NAME INSTITUTO EUROPEO DE INTELIGENCIAS EFICIENTES AMERICA, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address	Mailing address, if different is:
_____	_____
601 Brickell Key Drive, Suite 102	8400 NW 36th St, Suite 450
_____	_____
Miami, FL 33131	Doral, FL 33166
_____	_____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FLORIDA

L. C. D.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Estrella Flores Carretero - President	Name and Title: _____
Address: C/Plaza Conde Valle Suchill 12-1 DRHA	Address: _____
Madrid, Spain, 28015 OC	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

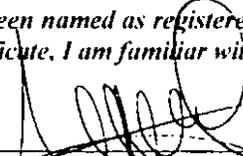
Name: Maria Yesenia Rivera
Address: 8400 NW 36th St, Suite 450
Doral, FL 33166

ARTICLE VII INCORPORATOR

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

Name: Estrella Flores Carretero
Address: C/Plaza Conde Valle Suchill 12-1 DRHA
Madrid, Spain, 28015 OC

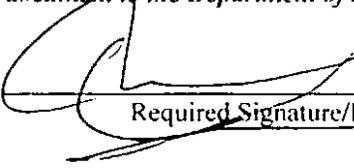
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/4/19
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

4/4/19
Date

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TALLAHASSEE, FLORIDA