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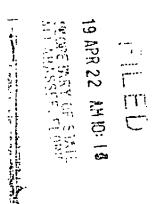
(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Charter Section
 Division of Corporations

SUBJECT:	CRISTAL CREDIT INTE	ERNATIONAL INC	
		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: Georges A HOFFMANN Contact Person LEMOINE LEFEBVRE Firm/Company 1117 Perimeter Center West, ste E308 Address Atlanta, Georgia 30338 City, State and Zip Code GHoffmann@ll-uslaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (770 351-1548

Area Code and Daytime Telephone Number Georges A HOFFMANN Name of Contact Person Enclosed is a check for the following amount: □ \$105.00 Filing Fees □\$113.75 Filing Fees **\$122.50** Filing Fees, □\$113.75 Filing Fees and Certificate of and Certified Copy Certified Copy, and Certificate of Status 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: CRISTAL CREDIT INTERNATIONAL 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 (Enter state, or if a non-U.S. entity, the name of the country)
May 9, 2013 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:
CRISTAL CREDIT INTERNATIONAL 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

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0' 1.	hisday of March	20 19	
Signed t	hisday of	, 20	
Require	d Signature for Florida Profit Corporation	<u>u</u>	
	e of Chairman, Vice Chairman, Director, Officator:		en selected, an
Printed I	ator:	nt Secretary	
Require	d Signature(s) on behalf of Other Business	Entity: See below for required signature	(s).]
Signatur	e: Lean Eracois IARD	<u></u>	_
Printed l	Jean Fracois JARD	Title: Member - Manager	_
Signatur	e:		_
Printed l	Name:	Title:	_
Signatur	e:		_
Printed 1	Name:	Title:	_
Signatur	e:		-
Printed 1	Name:	Title:	_
Signatur	e:		_
Printed l	Name:	Title:	_
Signatur	e:		_
Printed N	Name:	Title:	_
	la General Partnership or Limited Liability c of one General Partner.	y Partnership:	
If Florid	la Limited Partnership or Limited Liability es of ALL General Partners.	Limited Partnership:	
<u>If Florid</u> Signatur	la Limited Liability Company: c of a Member or Authorized Representative.		19 12 19 12 19 14
All othe: Signatur	rs: e of an authorized person.		R 22 A
(Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	TORK DE LO

Page 2 of 2

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

ARTICLE I The name of the	NAME corporation shall be:	CRISTAL CREDIT	I INTERNATIONAL INC	_
ARTICLE II	PRINCIPAL OF			
The principal pla	ace of business/mailing	address is:		
100 N BISCAYN	Principal street addres VE BOULEVARD, #500		Mailing address, if different is:	
MIAMI, FLORII				
	PURPOSE which the corporation	is organized is:		
To offer expertis	e in credit management i	n the USA, Latin Am	nerica and the Caribbean Islands.	&
	•			J
				
•	<u>,</u>			
				——————————————————————————————————————
ARTICLE IV The number of s	SHARES hares of stock is:	,000	<u> </u>	PR 22 ETNRY: HASSIE
ARTICLE V	INITIAL OFFICE	RS AND/OR DIR	RECTORS	E IT
Name and Title	Jean Francois JARD, C	EO & Treasurer	Name and Title:	1932 G
Address:	100 N Biscayne Bouler	/ard, #500	Address:	
<u>-</u>	Miami, Florida 33132	<u> </u>		
Name and Title	Rodolphe SCHAUENE	BERG, Secretary	Name and Title:	
Address:	100 N Biscayne Boulev	ard, #500	Address:	
	Miami, Florida 33132			
Name and Title	Christophe CUTUIL,	COO	Name and Title:	
Address:	100 N Biscayne Bouler	vard, #500	Address:	
	Miami, Florida 33132	_		

ARTICL	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name:	Jean Francois JARD	_
Address:	1000 NE 91 Terrace	
	Miami, Florida 33138	
<u>ARTICL</u>	E VII INCORPORATOR	
The name	and address of the Incorporator is:	
Name:	Georges A Hoffmann	
Address:	115 Perimeter Center PI #640	
	Atlanta, Georgia 30346	
*****	***********	*****
Having be this certific	en named as registered agent to accept so cate, I am familiar with and accept the ap	ervice of process for the above stated corporation at the place designated in ppointment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent	3/20/2019
	Required Signature/Registered Agent	Date /
		ated herein are true. I am aware that any false information submitted in a hird degree felony as provided for in s.817.155, F.S.
	gopan	04/10/19
<	Required Signature/Incorporator	Date '

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