

P19000065763

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

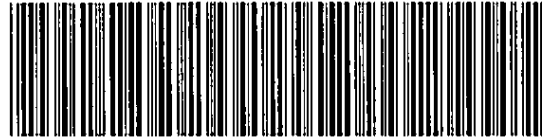
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100333128431

08/15/19--01:11:11

2019 AUG 15 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

N CULLIGAN

AUG 22 2019

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** URRACA II N.V. CORP.

\_\_\_\_\_  
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:

MANUEL A. PEREZ

\_\_\_\_\_  
Contact Person

HARPER MEYER PEREZ HAGEN ALBERT DRIBIN & DELUCA I.

\_\_\_\_\_  
Firm/Company

201 S BISCAYNE BLVD STE 800

\_\_\_\_\_  
Address

MIAMI, FL 33131

\_\_\_\_\_  
City, State and Zip Code

MPEREZ@HARPERMEYER.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL A. PEREZ

at (305) 577-3443

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

FILED  
2013 AUG 15 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:

URRACA II N.V.

\_\_\_\_\_  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a CORPORATION  
(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 NETHERLANDS ANTILLES  
(Enter state, or if a non-U.S. entity, the name of the country)

on AUGUST 21, 1998  
\_\_\_\_\_  
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 **attached Articles of Incorporation**:

URRACA II N.V. CORP.

\_\_\_\_\_  
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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**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: MANUEL A PEREZ Title: AUTHORIZED REPRESENTATIVE

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

Signature: \_\_\_\_\_

Printed Name: MANUEL A PEREZ Title: AUTHORIZED REPRESENTATIVE

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 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)

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

**ARTICLE I    NAME**

The name of the corporation shall be: URRACA II N.V. Corp.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
201 S. BISCAYNE BLVD. SUITE 800  
MIAMI, FLORIDA 33131  
\_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2015 AUG 15 PM 3:04

FILED

**ARTICLE IV    SHARES**

The number of shares of stock is: 30,000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Douglas Guillermo Felipe Botero (DPS)  
Address: 201 S. Biscayne Blvd. Suite 800  
Miami, FL 33131  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Isle Beatriz Piedrahita Botero (D)  
Address: 201 S. Biscayne Blvd., Suite 800  
Miami, FL 33131  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Law Center of Florida, Inc.  
Address: 201 S. Biscayne Blvd., Suite 800  
Miami, Florida 33131

**ARTICLE VII INCORPORATOR**

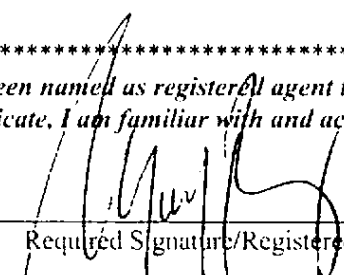
The name and address of the Incorporator is:

Name: Manuel A. Perez  
Address: 201 S. Biscayne Blvd., Suite 800  
Miami, FL 33131

FILED  
2018 AUG 15 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

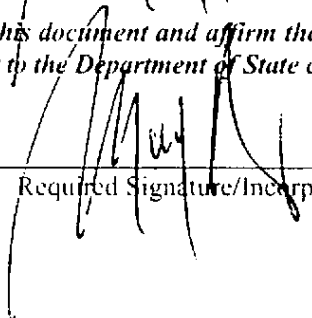
\*\*\*\*\*

*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

8-14-19  
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

8-14-19  
Date