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Certified Copies	_ Certificates	s of Status		
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/29/2021

NAME: AMERICAN TRADE AGENCY LLC

TYPE OF FILING: CONVERSION

COST:

105.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

abbie Hodge **AUTHORIZATION: ABBIE/PAUL HODGE**

Articles of Conversion For

Converting Eligible Entity

Into

Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filling of the Articles of Conversion is	:
AMERICAN TRADE AGENCY, LLC.	
Enter Name of the Converting Entity	26
2. The converting entity is a LIMITED LIABILITY COMPANY	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	2021 JAN 29
first organized, formed or incorporated under the laws of FLORIDA	
(Enter state, or if a non-U.S. entity, the name of the country)	PH 12:
on 8/22/2017	າ: ຜ
Enter date "Converting Entity" was first organized, formed or incorporated.	ω
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> AMERICAN TRADE AGENCY, INC.	<u>:</u>
Enter Name of Florida Profit Corporation	
4. This conversion was approved by the eligible converting entity in accordance with this chapter and current/organic jurisdiction.	the laws of its
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 fi	led by the Florida
Department of State.)	. data
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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Signed this 14TH day of JANUARY , 2021
Required Signature for Florida Profit Corporation:
Signature of Director, Officer, or if Directors or Officers have not been selected, an Incorporator: Printed Name: JHON JAIRO SILVA NUNEZ Title: INCORPORATOR
Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).] Signature:
Printed Name: JHON JAIRO SILVA NUNEZ Title: MGR
Signature: Nelson (agavia)
Printed Name: MELISA CADAVID 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: Articles of Conversion: \$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

DS-

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be: AMERICAN TRADE AGENCY, INC.			
ARTICLE I			
	Principal street address	Mailing address, it	f different is:
15704 F	PEDLAR MILLS RD		
CHARL	OTLE, NC 28278		
	<u>II PURPOSE</u> for which the corporation is organized is: I all lawful purposes for whi	ch a corporation may l	oe formed
			All
			9
	v <u>SHARES</u> f shares of stock is:		
ARTICLE 1	V OFFICERS AND/OR DIRECTORS JHON JAIRO SILVA MUNEZ, DIRECTOR		
Name and Title:	15704 PEDLAR MILLS RD	Name and Title:	
	CHARLOTLE, NC 28278	Address:	
Name and Tit	ile:	Name and Title:	
Address:		A.44	
Name and Tit	da.	No-cond Title	
Address:	le:	Name and Title:Address:	



Name:	MELISA CADAVID	
Address:	7864 NW 62nd ST	
	MIAMI, FL 33166	
Having be this certific	en named as registered agent to accept servi cate, I am familiar with and\accept the appol	ge of process for the above stated corporation at the place designated in ntment as registered agent and agree to act in this capacity
+	1 Malsa (agavid 1	01/14/2021
	Required Signature/Registered Agent	Date
\ /		

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

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