# L23000056957

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
∴ı Copies	_ Certificates	of Status
ol instructions to	Filing Officer	· ·
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Office Use Only



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RECEIVED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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GADRIAN INTERN	NATIONAL L	LC	
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	<u> </u>	<del></del>	_
			_
	<del>-</del>		Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		<del></del>	Fictitious Owner Search
			Vehicle Search
		· <b>-</b>	Driving Record
Requested by: SETH	02/06/22		UCC 1 or 3 File
Name	$-\frac{02/06/23}{Data}$	Time	UCC 11 Search
INAIIIC	Date	Time	UCC !! Retrieval
Walk-In	Will Pick Up		Courier

#### **COVER LETTER**

TO:	New Filing S Division of C					
SUB.	JECT: GADRIA	N INTERNATIONAL LL	С			
502	Der		sulting Florida Lir	nited Cor	mpany)	
					nd fees are submitted to convaccordance with s. 605.1045,	
Pleas	e return all corr	espondence concernin	g this matter to	:		
Rafae	el Barrera					
		(Contact Person)				
Diego	L. Restrepo PA					
		(Firm/Company)		_		
2600	South Douglas F	Road, Suite 913				
	-	(Address)		_		
Coral	Gables FL 3313	4				
	((	City, State and Zip Code)				
rafael	@restrepolaw.co	om				
E-1	mail Address: (to b	e used for future annual re	port notifications)			
For fu	ırther informati	on concerning this ma	tter, please call	:		
Rafae	el Barrera		_at (	447-	·9430	
	(Name of Conta	ict Person)	(Area Cod	e) (Day	ytime Telephone Number)	
		or the following amou a bank located in the		process	sed by this office must be pa	yable in US
(\$25 fd & \$12	50.00 Fiting Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filir and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

FILED

2023 FEB -7 MIII: 0

SECRETARY OF STAT
TALLAHAS SEE, FI

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: GADRIAN INTERNATIONAL LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, 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)
(Enter state, or if a non-U.S. entity, the name of the country)
1/19/2023
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: GADRIAN INTERNATIONAL LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of	2023
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Bonnesoutation	CCV)
Signature of Authorized Representative:	Tist. Authorized Bennegatative
Printed Name: Luisa E. Cuadrado	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	
Signature: Disma Sistiva Castro  Printed Name: Diana Lucia Sistiva Castro	
Printed Name: Diana Lucia Sistiva Castro	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
<u>If Florida Corporation:</u>	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershio:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
GADRIAN INTERNATIONAL LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2600 South Douglas Road	2600 South Douglas Road
Suite 913	Suite 913
Coral Gables FL 33134	Coral Gables FL 33134
The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re-	
International Corporate Service	e Inc.
Name	7A
2600 South Douglas Road, Su	SECRETA TALLA
Florida street address (P.O.	Box NOT acceptable)
Coral Gables	FL 33134 Zip  Zip  Zip  Zip  Zip
City	Zip Zip Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete participation of my position as registered Agent's Signature of Agent's Signature of the place designated in this capacity statutes relating to the proper and complete participation of my position as registered Agent's Signature of the place designated in this capacity statutes relating to the proper and complete participation of my position as registered agent and agree to act in this capacity statutes relating to the proper and complete participation of my position as registered agent and agree to act in this capacity statutes relating to the proper and complete participation accept the obligation of my position as registered agent and complete participation accept the obligation of my position as registered agent age	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of alterformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
(CONTINU	JED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	<b>-</b>
MGR	DIANA LUCIA SISTIVA CASTRO
	2600 South Douglas Road, Suite 913
	Coral Gables FL 33134
	<u> </u>
	AC CS
	<del></del>
	S CO
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TT 1 10	
Use attachment if necessary)	
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LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
E V: Other provisions, if any.	<i>(</i> , <i>(</i>
	W
E V: Other provisions, if any.	4
REQUIRED SIGNATURE:	Ly Ly authorized representative of a member
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or a This document is executed in accordance vany false information submitted in a document of the sub	with section 605.0203 (1) (b), Florida Statutes, I am aware
Signature of a member or a	with section 605.0203 (1) (b), Florida Statutes, I am aware
Signature of a member or a This document is executed in accordance vany false information submitted in a document of the sub	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware then to the Department of State constitutes a third degree fe
Signature of a member or a This document is executed in accordance vany false information submitted in a docum as provided for in s.817.155, F.S.  Diego L. Restrepo, Esq.	with section 605.0203 (1) (b), Florida Statutes, I am aware
Signature of a member or a This document is executed in accordance vany false information submitted in a docum as provided for in s.817.155, F.S.  Diego L. Restrepo, Esq.	with section 605.0203 (1) (b), Florida Statutes. I am aware nent to the Department of State constitutes a third degree fe

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)