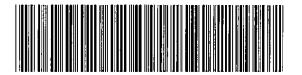
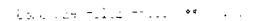
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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2024 Turned

12.

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 Beacon Field Group LLC	s of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common	law or business trust, etc.
First organized, formed or incorporated under the laws of	
02/13/2024	ame of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	les of Organization:
Beacon Field Group 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 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 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.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	l rights the amount to
	○ .

Signed this 30th day of May	20 <u>2 4</u>	
Signature of Authorized Representative of I	imited Liability Company:	
Signature of Authorized Representative: Printed Name: Gustavo Marcelo Tenebaum	Title: Operating Manager/MBR	•
Signature(s) on behalf of Other Business Entit	v: [See below for required signature(s)]	
Signature:		
Printed Name: Gustavo Marcelo Tenebaum	Title: Operating Manager/MBR	<i>-</i> -
Signature:Printed Name:	Title:	-
Signature:		
Printed Name:	Title:	-
Signature:Printed Name:	Title	
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a If Florida General Partnership or Limited Lia	n Incorporator must sign.	
Signature of one General Partner.	tomer variations.	
If Florida Limited Partnership or Limited Lia Signatures of <u>ALL</u> General Partners.	bility Limited Partnership:	· · · · · · · · · · · · · · · · · · ·
All others: Signature of an authorized person.		: '%'
<u>Fees:</u>		
Articles of Conversion: Fees for Florida Articles of Organizatio Certified Copy: Certificate of Status:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is	S :				
Beacon Field Grou	ıp LLC				
(Must contain the words "Limited Liabil	ity Company,	"L.L.C.," or "L.L.C	."`)		
ARTICLE II - Address: The mailing address and street address of the p	orincipal o	ffice of the Lin	nited Liabilit;	y Comp	oany is:
Principal Office Address:	<u>Mailin</u>	g Address:			
1111 Kane Concourse, Ste 217		ane Concourse	. Ste 217		
Bay Harbor, FL 33154	вау на	irbor, FL 33154		—	
business entity with an active Florida registration.) The name and the Florida street address of the LOUIS A. S Nam 16666 NE 19TH AV	SUPRASKI. ne	P.A.	_		
Florida street address (P.G			- I		
MIAMI	FI.	33154			
City		Zip	_		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cupa statutes relating to the proper and complete accept the obligations of hav position as re	in this cert ucity. I furl performat egistered a gnature (R	ificate, I hereby her agree to co nce of my dutie gent as provida	y accept the ap omply with the s, and I am fa	ppointr provis miliar v	nent as ions of all with and
(CONTI	NUED)				•

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

UANGINING - A calle active col NA combine	
"AMBR" = Authorized Member	
"MGR" = Manager	Custova Margala Tanahaum
AMBR, MGR	Gustavo Marcelo Tenebaum 4630 Prairie Ave
	Miami Beach, FL33140
AMBR, MGR	JORGE SAVLOFF
 -	7330 Ocean Terrace, apt 901
	Miami Beach, FL 33141
	-
	-
	
	<u> </u>
(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	· ·
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LE V: Other provisions, if any.	i.
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Att.
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member-
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document of the submitted in a d	an authorized representative of a member- e with section 605.0203 (1) (b). Florida Statutes. I am aw ament to the Department of State constitutes a third degre
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b). Florida Statutes. I am aw
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b). Florida Statutes. Fam awament to the Department of State constitutes a third degreustavo Marcelo Tenebaum
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b). Florida Statutes, I am aw ament to the Department of State constitutes a third degre