121000379407

(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



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.

COVER LETTER

TO:	CO: New Filing Section Division of Corporations				
CHRI	LECT: SPORTS	S MKT USA CORP			
3000	n.c1	(Name of Re	sulting Florida Limit	ed Cor	npany)
					id fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corr	respondence concernin	g this matter to:		
Maria	C Sousa				
		(Contact Person)		•	
Sousa	a & Associates Ir	nc			
	_ 11 _ 27	(Firm/Company)			
5728 1	Major Blvd, Ste	309			
		(Address)			
Orland	do, FL 32819				
	(City, State and Zip Code)	•		
info@:	sousanassociate	es.com			
E-n	nail Address: (to b	be used for future annual re	port notifications)		
For fu	ırther informati	on concerning this ma	tter, please call:		
Maria	C Sousa		_at (<u>407</u>	800-7	7028
	(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the	-	rocess	sed by this office must be payable in US
(\$25 fo & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add				t Address:
New Filing Section				New Filing Section Division of Corporations	
Division of Corporations P.O. Box 6327				The Centre of Tallahassee	
Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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 of SPORTS MKT USA CORP	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common la	iw or business trust, etc.)
First organized, formed or incorporated under the laws of	me of the country)
06/04/2021 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	s of Organization:
SPORTS MKT USA 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 c	alendar 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 widocument'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 appraisal which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S. 	rights the amount to
	6 : 5:

Signed t	his <u>17</u> da	y of August	<u> </u>
Signatu	re of Autho <u>rize</u> c	LRepresentative of Li	mited Liability Company:
C:		Representative: <u>Sebastia</u>	on A. Fernandez
Signatur Deintad 3	re of Authorized I	N A FERNANDEZ	Title: President
rinico	valle. OLDASTIA	TATEMANDLE	THE. Tresident
Signatu	re(s) on behalf of	Other Business Entity	[See below for required signature(s)]
Sionatur	. Smartian & Formunder	<u>-</u>	
Printed 3	Vame: SEBASTIAN	I A FERNANDEZ	Title: President
Signatur	e:		
Printed 3	Name:		Title:
Signatur	e:		Title:
Printed i	Name:	 -	Title:
Signatur	e:		
Printed ?	Name:		Title:
	 -		
Signatur	e:		
Printed 1	Name:		Title:
C'			
Signatur	e:		Title:
Primed i	Name:		Title
If Floric	la Corporation:		
		ee Chairman, Director, o	or Officer.
If Direct	ors or Officers ha	ve not been selected, an	Incorporator must sign.
		ership or Limited Liab	<u>ility Partnership:</u>
Signatur	e of one General I	'artner.	
If Floric	la Limited Partn	ershin or Limited Ligh	ility Limited Partnership:
	es of ALL Genera		The same of the sa
All othe	rs:		
Signatur	e of an authorized	person.	
Fees:			
	Articles of Conve	reion:	\$25.00
		rsion: articles of Organization	
	Certified Copy:	articles of Organization	\$30.00 (Optional)
	Certificate of Stat	us:	\$5.00 (Optional)
`			· •

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

SPORTS MKT USA LLC	
(Must contain the words "Limited 1.	lability Company, "L.E.C.," or "L.E.C.")
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5950 Lakehurst Drive Ste 217	5950 Lakehurst Drive Ste 217
Orlando , FL Zip: 32819	Orlando , FL Zip: 32819
business entity with an active Florida registration.) The name and the Florida street address of (the registered agent are:
Sousa & Associates Inc	·
1	Same
5728 Major Blvd,Ste 309	
Florida street address (P.O. Box NOT acceptable)
Orlando	FL 32819
City	Zip
liability company at the place designate registered agent and agree to act in this constantes relating to the proper and complet accept the obligations of my position a	nd to accept service of process for the above stated limited ed in this certificate. I hereby accept the appointment as upacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager	SEBASTIAN A FERNANDEZ 1946 TYLER STHOLLYWOOD, FL 33020			
AMBR				
				
AMBR	GUSTAVO G HANI			
	1946 TYLER STHOLLYWOOD, FL 33020			
	<u></u>			
	ü			
	9: 2			
	20			
(Use attachment if necessary)				
ADTICLE W. Od				
ARTICLE V: Other provisions, if any.				
REQUIRED SIGNATURE:				
<u>Sebattian A. Fernander</u>	<u></u>			
Signature of a member or a	n authorized representative of a member			
This document is executed in accordance v	This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony			
any false information submitted in a docum as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree letony			
·				
SEBASTIAN A FERNANDEZ				

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)