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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

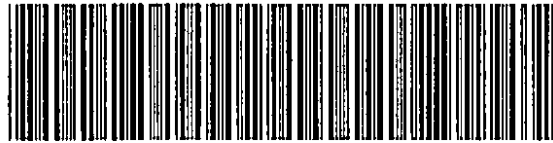
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MC CONSULTING AMERICAS LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

PAULO ANDRES MARTINEZ CLEVES

(Contact Person)

MC CONSULTING AMERICAS LLC

(Firm/Company)

16251 GOLF CLUB RD APT 309

(Address)

WESTON, FL 33326

(City, State and Zip Code)

info@mcconsultingamericas.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

PAULO ANDRES MARTINEZ CLEVES at (949) 2122726

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

\$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

\$155.00 Filing Fees  
and Certificate of  
Status

\$180.00 Filing Fees  
and Certified Copy

\$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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Signed this 29 day of DECEMBER 20 22

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Paulo Andres Martinez C  
Printed Name: PAULO ANDRES MARTINEZ CLEVES Title: PRESIDENT

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

Signature: Paulo Andres Martinez C  
Printed Name: PAULO ANDRES MARTINEZ CLEVES Title: PRESIDENT

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, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**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.

**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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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR /PRESIDENT

**Name and Address:**

PAULO ANDRES AMRTINEZ CLEVES  
16251 GOLF CLUB RD APT 309  
WESTON, FL 33326

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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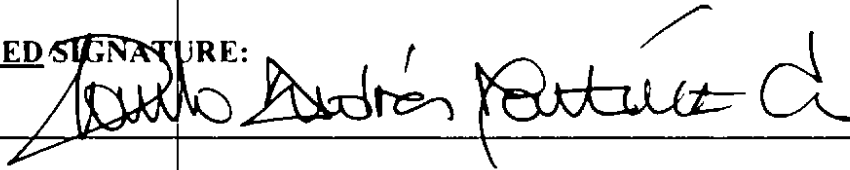
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(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

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 as provided for in s.817.135, F.S.

PAULO ANDRES MARTINEZ CLEVES

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)**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MC CONSULTING AMERICAS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

16251 GOLF CLUB RD STE 309  
WESTON, FL 33326

16251 GOLF CLUB RD STE 309  
WESTON, FL 33326

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

PAULO ANDRES MARTINEZ CLEVES

Name

16251 GOLF CLUB RD STE 309

Florida street address (P.O. Box **NOT** acceptable)

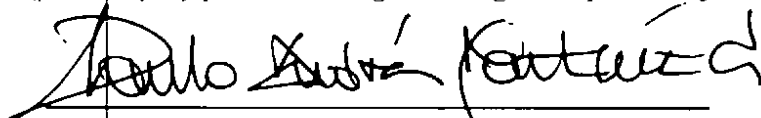
WESTON

FL 33326

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

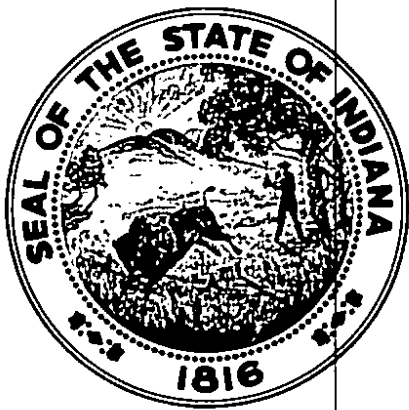
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**MCCONSULTING AMERICAS LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 27, 2021, and was in existence or authorized to transact business in the State of Indiana on December 29, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 29, 2022

HOLLI SULLIVAN  
SECRETARY OF STATE

2023 JAN -3 PM 2:25  
HOLLI SULLIVAN  
SECRETARY OF STATE

ED

202104271484601 / 20222933915

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on January 28, 2023.

State of Indiana  
Office of the Secretary of State

Certified Copies

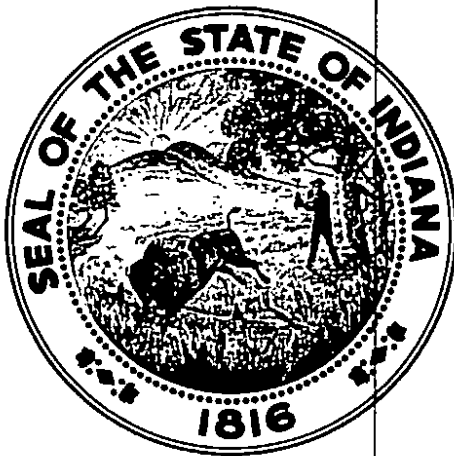
To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 3 page document consisting of the following records filed in this office:

Certification Date: December 26, 2022  
Business Name: MC CONSULTING AMERICAS LLC  
Business ID: 202104271484601

Transaction	Date Filed	No. of pages
Articles of Organization	04/27/2021	3
Total No. of pages		3



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 26, 2022

HOLLI SULLIVAN  
SECRETARY OF STATE

2023 JAN -3 PM 2:43

202104271484601/15274931

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>  
Expires on January 25, 2023.

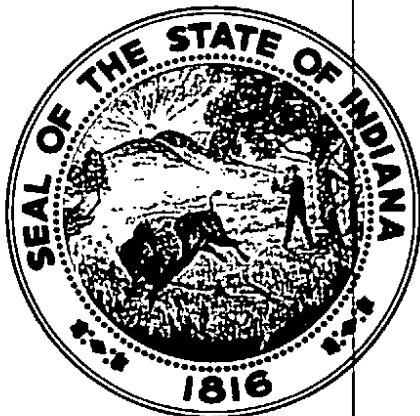


State of Indiana  
Office of the Secretary of State

Certificate of Organization  
of  
**MCCONSULTING AMERICAS LLC**

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, April 27, 2021.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 27, 2021.

HOLLI SULLIVAN  
SECRETARY OF STATE

2023 JUN -3 PM 2:25

ED

202104271484601 / 8992712

APPROVED AND FILED  
HOLLI SULLIVAN  
INDIANA SECRETARY OF STATE  
04/27/2021 08:38 AM

**ARTICLES OF ORGANIZATION**

Formed pursuant to the provisions of the Indiana Code.

**ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS**

BUSINESS ID	202104271484601
BUSINESS TYPE	Domestic Limited Liability Company
BUSINESS NAME	MC CONSULTING AMERICAS LLC
PRINCIPAL OFFICE ADDRESS	610 W Poplar St, Suite 17, Zionsville, IN, 46077, USA

**ARTICLE II - REGISTERED OFFICE AND ADDRESS**

REGISTERED AGENT TYPE	Individual
NAME	Paulo Andres Martinez
ADDRESS	610 W Poplar St, Suite 17, Zionsville, IN, 46077, USA
SERVICE OF PROCESS EMAIL	info@mconsultingamericas.com

I acknowledge that the Service of Process email provided above is the email address at which electronic service of process may be accepted.

**ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE**

PERIOD OF DURATION	Perpetual
EFFECTIVE DATE	04/27/2021
EFFECTIVE TIME	12:07AM

**ARTICLE IV - PRINCIPAL(S)**

TITLE	President
NAME	Paulo Andres Martinez
ADDRESS	610 W Poplar St, Suite 17, Zionsville, IN, 46077, USA

**MANAGEMENT INFORMATION**

THE LLC WILL BE MANAGED BY MANAGER(S)	No
IS THE LLC A SINGLE MEMBER LLC?	Yes

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ED

APPROVED AND FILED  
HOLLI SULLIVAN  
INDIANA SECRETARY OF STATE  
04/27/2021 08:38 AM

SIGNATURE

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE UNDERSIGNED, DESIRING TO FORM A LIMITED LIABILITY COMPANY PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT EXECUTES THESE ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY April 27, 2021.

SIGNATURE  
TITLE

Paulo Andres Martinez  
Member

Business ID : 202104271484601  
Filing No : 8992712

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