

P 14 0000 87450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

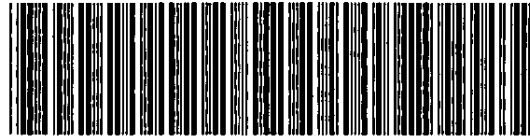
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JP* 10/27/14

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Capixaba RE Investment Corp.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Lilianete Medeiros

Contact Person

Capixaba RE Investment Corp

Firm/Company

5120 NW 123rd Ave

Address

Coral Springs FL. 33076

City, State and Zip Code

lilianm@lilianm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lilian Medeiros

Name of Contact Person

at ( 754 ) 242-3222

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$105.00 Filing Fees

\$113.75 Filing Fees  
and Certificate of  
Status

\$113.75 Filing Fees  
and Certified Copy

\$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2014

LILIANETE MEDEIROS  
5120 NW 123RD AVENUE  
CORAL SPRINGS, FL 33076

SUBJECT: CAPIXABA RE INVESTMENT CORP  
Ref. Number: W14000059403

RECEIVED  
14 OCT 24 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CAPIXABA RE INVESTMENT CORP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 214A00021795

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14 OCT 24 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2014

LILIANETE MEDEIROS  
5120 NW 123RD AVENUE  
CORAL SPRINGS, FL 33076

SUBJECT: CAPIXABA RE INVESTMENT CORP  
Ref. Number: W14000059403

FILED  
14 OCT 24 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CAPIXABA RE INVESTMENT CORP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

(850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 914A00020814

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

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14 OCT 24 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

**Capixaba RE Investment LLC**

Enter Name of Other Business Entity L14000063728

2. The "Other Business Entity" is a **LLC**  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **Florida**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **04/18/2014**  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

**Capixaba RE Investment Corp**

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.**)

Signed this 23 day of September, 2014.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Lilianete De Medeiros Title: Manager

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

Signature: [Signature]

Printed Name: Lilianete medeiros Title: mgr

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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:**

- Certificate of Conversion: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

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**ARTICLES OF INCORPORATION**  
**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Capixaba RE Investment Corp

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

5120 NW 123rd Ave Coral Springs FL 33076

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Manage Real Estate

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lilianete Medeiros Mgr

Name and Title: \_\_\_\_\_

Address: 5120 NW 123rd Ave Coral Springs FL 33076

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Lilianete De Medeiros

Address: 5120 NW 123rd Ave Coral Springs FL 33076

\_\_\_\_\_



**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Liliane Mederos  
Address: 5120 NW 123rd Ave  
Coral Springs FL 33076

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Liliane Mederos  
Required Signature/Registered Agent

9/23/14  
Date

*I submit this document and affirm that the facts stated herein are true. 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.817.155, F.S.*

Liliane Mederos  
Required Signature/Incorporator

10/20/14  
Date

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14 OCT 24 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA