

P22000071128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

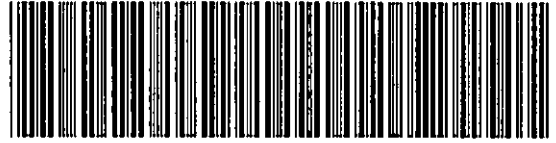
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300390869693

07/20/22--01026--006 \*\*105.00

FILED

2022 JUL 20 PM 12:46

CLERK OF STATE  
FALL ARKASSEE PI OPID

*filed  
7/20/22*

3

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: **ALPHA AUTO BODY SHOP LLC**

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

**GLAUCIA BASTOS**

Contact Person

**TRUST CIRCLE**

Firm/Company

**1001 E Sample Rd 10E**

Address

**Pompano Beach, FL 33064**

City, State and Zip Code

**atendimentothetrustcircle@gmail.com**

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

For further information concerning this matter, please call:

**Glauca Bastos** at ( **954** ) **2459123**

Name of Contact Person

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

**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

Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

ALPHA AUTO BODY SHOP LLC

Enter Name of the Converting Entity

2. The converting entity is a LIMITED LIABILITY COMPANY

(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 02/07/2022

Enter date "Converting Entity" was first organized, formed or incorporated.

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

ALPHA AUTO BODY SHOP, CORP

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: 06/15/2022

(The effective date: Cannot be prior to nor more than 90 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.

SECRETARY OF STATE  
FALLAHASSI, FLORIDA

2022 JUL 20 PM 12:46

FILED

Signed this 22<sup>nd</sup> day of June, 2022

**Required Signature for Florida Profit Corporation:**

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



Printed Name: BRUNA MARTINS Title: MGR

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]**

Signature: 

Printed Name: BRUNA MARTINS 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:**

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

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

2022 JUL 20 PM 12:46

FILED

ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**  
The name of the corporation shall be: ALPHA AUTO BODY SHOP, CORP

**ARTICLE II PRINCIPAL OFFICE**  
The principal place of business/ mailing address is:

Principal street address  
95 SW 12TH AVENUE #200  
DEERFIELD BEACH  
FLORIDA 33442

Mailing address, if different is:  
SME AS PRINCIPAL

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:

AUTO REPAIR

**ARTICLE IV SHARES**  
The number of shares of stock is: 10,000

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: President / Bruna B Martins  
Address: 95SW12thave200  
deerfield beach Fl 33442

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

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

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

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

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

FILED  
2022 JUL 20 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

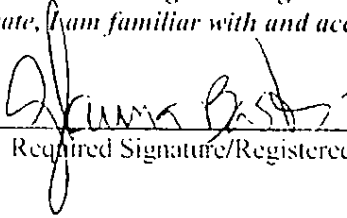
**ARTICLE VI REGISTERED AGENT**

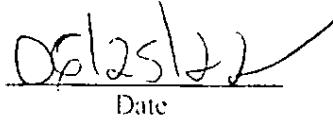
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Glaucia Bastos  
Address: 1001 E Samle rd 10E  
POmpano Beach FI 33064

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

  
\_\_\_\_\_  
Date

FILED  
2022 JUL 20 PM 12:46  
SECRETARY OF STATE  
FALL ACHASSEE, FL 32909