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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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### **COVER LETTER**

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**Charter Section** 

Division of Corporations

SUBJECT: Capital 61 Company Corporation  Name of Resulting Florida Profit Corporation
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:
Karolina Torres  Contact Person
Contact Person
KTorres Services Corp Firm/Company
600 S Federal Hwy Ste 207 Address
Deerfield Beach, R 33441
City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karolina Tomes at (561) 5620814
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status  \$\int_{\text{\$113.75 Filing Fees}}^{\text{\$113.75 Filing Fees}}\$ and Certified Copy Status  \$\int_{\text{\$113.75 Filing Fees}}^{\text{\$113.75 Filing Fees}}\$ Certified Copy, and Certificate of Status
STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

# Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:

Coupital 61 Company UC  Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a <u>Limited Liability</u> Company (Enter entity type. Example: limited liability company, limited partnership,
(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 Forda (Enter state, or if a non-U.S. entity, the name of the country)
on Oher Business Entity" was first organized, formed or incorporated
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:
Capital 61 Company Corp  Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida
<b>Department of State.) Note:</b> 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.

Page 1 of 2

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SECRETARY OF STATE
ALLAHASSEE FLORINA

Signed this 21 <sup>St</sup> day of Furnany	. , 20 <u>18</u> .	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Officer Incorporator: //www.ll.co. Printed Name: Paulo Roberto Title: Pro- Nonteiro Villela		ı selected, an
Required Signature(s) on behalf of Other Business Er	tity: [See below for required signature(s]	).]
Signature: //www.welu-		
Printed Name: Paulo Roberto Monteiro	Tillela Title: CEO	
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 P Signature of one General Partner.	artnership:	
If Florida Limited Partnership or Limited Liability L Signatures of <u>ALL</u> General Partners.	imited Partnership:	
		<b>H</b>

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)

Page 2 of 2

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

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  Principal street address  Principal street address  Mailing address, if different is:  333 & 200  Miami, R 3313    ARTICLE III PURPOSE The purpose for which the corporation is organized is:  Any and all law & Mances	
333 & 2rd Ave  Stute 2000  Miami, R. 33131  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
Miami, FL 3313    ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	_
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	_
The purpose for which the corporation is organized is:	_
	-
	-
	_
ARTICLE IV SHARES The number of shares of stock is: 1000	<b>.</b>
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Paulo Roberto Montaro Ville la, Pres. Name and Title:	
Address: 333 SE 2 <sup>nd</sup> Aue ste 2000 Address:	_
Miami, 92 33/31	_
Name and Title: Name and Title:	_
Address: Address:	<del></del>
Name and Title: Name and Title:	-
Address: Address:	

ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Name: Knomes Services Corp
Address: 600 S Federal Hwy sti207 Durfield Beach, in 33441
Deerfield Beach, R 3344
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
vame: <u>Paulo Roberto Monteiro</u> Villela
Address: 333 SE 2nd Ave ste 2000
Hiami, FC 33131
*****************
Having been named as registered agent to accept service of process for the above stated corporation at the place designated it his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
LOTAN no ) SUBJEROIS
Required Signature/Registered Agent Date
submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Aurun Mrehr. 02/21/18
/ Required Signature/Incorporator Date

FILED

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SECRETARY OF STATE
TALL ANASSES ELOSIO.