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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 20 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADE IN BRAZIL INSURANCE AND SERVICES AGENCY, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate 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. 608.439, F.S.

Please return all correspondence concerning this matter to:

MARIA M. CALDAS-LOPES

(Contact Person)

MADE IN BRAZIL INSURANCE AND SERVICES AGY, INC.

(Firm/Company)

3800 FOWLER STREET SUITE #5

(Address)

FORT MYERS, FLORIDA 33901

(City, State and Zip Code)

madeinbrazil@services@hotmail.com

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

For further information concerning this matter, please call:

MARIA M. CALDAS-LOPES

(Name of Contact Person)

at (239) 931-6079

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(Certificate of Conversion
& 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

STREET ADDRESS:

Registration Section
Division of Corporations
Chambers Building
260 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

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

MADE IN BRAZIL INSURANCE AND SERVICES AGENCY, INC #P05000129259
(Enter Name of Other Business Entity)

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

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

on 09/20/2005.
(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:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

MADE IN BRAZIL INSURANCE AND SERVICES AGENCY, LLC
(Enter Name of Florida Limited Liability Company)

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 Organization, if an effective date is listed therein.)

Signed this 17 day of MAY 2010.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: _____

Print Name: MARIA M. CALDAS-LOPES

Title: MGR

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

Signature: _____

Print Name: ROBSON P. LOPES

Title: MGRM

Signature: _____

Print Name: _____

Title: _____

Signature: _____

Print Name: _____

Title: _____

Signature: _____

Print Name: _____

Title: _____

Signature: _____

Print Name: _____

Title: _____

Signature: _____

Print Name: _____

Title: _____

If It Is a Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If no officers or Officers have not been selected, an Incorporator must sign.

If It Is a General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If It Is a Limited Partnership or Limited Liability Limited Partnership:

Signature of ALL General Partners.

All _____

Signature of an authorized person.

Fee

Certificate 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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MADE IN BRAZIL INSURANCE AND SERVICES AGENCY, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5113 29TH STREET S.W.
LEHIGH ACRES, FLORIDA 33901

Mailing Address:

P.O. BOX 7083
FORT MYERS, FLORIDA 33911

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:

MARIA M. CALDAS-LOPES

Name

3800 FOWLER STREET SUITE #5

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

FORT MYERS

FL 33901

City, State, and 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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MARIA M. CALDAS-LOPES

5113 29TH STREET S.W.

LEHIGH ACRES, FLORIDA 33973

MGRM

ROBSON P. LOPES

5113 29TH STREET S.W.

LEHIGH ACRES, FLORIDA 33973

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARIA M. CALDAS-LOPES

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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