# 1100037981

(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

G. MCLEOD

MAR 3 0 2011

EXAMINER



600199474506

03/29/11--01012--020 \*\*150.00

TI MAR 29 PM 3: 08
SECRETARY OF STATE
ALLAHASSEE, FI DAIL

# **COVER LETTER**

	Division of Corporations			
	SUBJECT: NEWBELLI LLC			
		of Resulting Florid	Limi	ted Company)
	· · · · · · · · · · · · · · · · · · ·	Limited Liabilit	Cor	tion, and fees are submitted to convert an inpany" in accordance with s. 608.439, F.S.
	JAIME L BELLI			
	(Contact Person)			
	NEWBELLI LLC			
	(Firm/Company)			· .
	1521 S KIRKMAN RD # 3006			
	(Address)			
	ORLANDO, FL 32811			
	(City, State and Zip Code	<del>)</del>		
	BELLSHOP@MSN.COM			
	E-mail address: (to be used for future annual repo	ort notifications)		
	For further information concerning this n	natter, please ca	11:	
	SUSANA A FAN	at (_407	``	505-0068
	(Name of Contact Person)		ode ar	nd Daytime Telephone Number)
	Enclosed is a check for the following am	ount:		
ت	\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	STREET ADDRESS:	MA	ILIN	G ADDRESS:
	Registration Section	Reg	strat	ion Section
	Division of Corporations			of Corporations
	Clifton Building 2661 Executive Center Circle			k <b>6327</b> ec. FL 32314

Tallahassee, FL 32301

#### **Certificate of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> 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 Certif	icate c	)f	
Conversion is:			
NEWBELLI CORPORATION .			
(Enter Name of Other Business Entity)	ALL SEC	=	
2. The "Other Business Entity" is a CORPORATION.	ÄHA	MAR	77
(Enter entity type. Example: corporation, limited partnership,	SS	29	
general partnership, common law or business trust, etc.)	ře.	PH.	m
first organized, formed or incorporated under the laws of FLORIDA	FIS		O
(Enter state, or if a non-U.S. entity, the name of the country)	STATE QRIDA	3: 08	
on 04/10/2007 .			
(Enter date "Other Business Entity" was first organized, formed or incorp	orate	d)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country un which it is now organized, formed or incorporated:	der the	e law:	s of
<u>N/A</u> .			
4. The name of the Florida Limited Liability Company as set forth in the attached Artic Organization:	les of	,	
NEWBELLI LLC .			
(Enter Name of Florida Limited Liability Company)			
5. If not effective on the date of filing, enter the effective date: 04/01/2011			
(The effective date: 1) cannot be prior to nor more than 90 days after the date this effled by the Florida Department of State; <u>AND</u> 2) must be the same as the effective datached Articles of Organization, if an effective date is listed therein.)			
6. The conversion is permitted by the applicable law(s) governing the other business entire	ty and	the	

conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this <u>.15th</u> day of <u>MARCH</u>	20_11
Individual signing affirms that the facts st	presentative of Limited Liability Company: ated in this document are true. Any false information ed for in s.817 155, F.S.
Signature of Member or Authorized Representation Name: JAIME L BELLI	sentative. Yitle: PD
	Entity: Individual(s) signing affirm(s) that the facts stated in tion constitutes a third degree felony as provided for in nature(s).]
Signature:	Thu I
Printed Name ZAIME L BELLI	Title: PD
Signature:Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	Title:
Printed Name:	1itle:
Signature:	The state of the s
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte	·
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
NEWBELLI 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	imited Liability Company is:  Cimited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")  ress: Indicate address of the principal office of the Limited Liability Company is:  Iress:  Mailing Address:  3006  1521 S KIRKMAN RD # 3006  ORLANDO, FL 32811 US  Indicated Agent, Registered Office, & Registered Agent's Signature:  any cannot serve as its own Registered Agent. You must designate an individual or another the Florida registration.)  India street address of the registered agent are:  SUSANA A FAN  Name  1521 S KIRKMAN RD # 3006  Florida street address (P.O. Box NOT acceptable)  ORLANDO  FL 32811  City, State, and Zip  To registered agent and to accept service of process for the above stated limited liabil designated in this certificate, I hereby accept the appointment as registered agent and cacity. I further agree to comply with the provisions of all statutes relating to the
Principal Office Address:	Mailing Address:
1521 S KIRKMAN RD # 3006	1521 S KIRKMAN RD # 3006
ORLANDO, FL 32811 US	
The name and the Florida street address of	
SUSANA A FA	
	LE III - Registered Agent, Registered Office, & Registered Agent's Signature: d Liability Company cannot serve as its own Registered Agent. You must designate an individual or another nity with an active Florida registration.)  e and the Florida street address of the registered agent are:  SUSANA A FAN  Name  1521 S KIRKMAN RD # 3006  Florida street address (P.O. Box NOT acceptable)  ORLANDO  FL 32811
riorida street ad	adress (F.O. Box NOT acceptable)
ORLANDO	
	City, State, and Zip
company at the place designated in this cer agree to act in this capacity.  I further agre	rtificate, I hereby accept the appointment as registered agent an ee to comply with the provisions of all statutes relating to the uties, and I am familiar with and accept the obligations of my

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mo	ember
MGRM	JAIME L BELLI
	1521 S KIRKMAN RD # 3006
	ORLANDO, FL 32811 US
MGRM	SUSANA A FAN
	1521 S KIRKMAN RD # 3006
	ORLANDO, FL 32811 US
MGRM	CLEMENTINA M BELLI
MOIL	AV JANGADEIRO 709
	SAO PAULO SP BRAZIL, SP 04815 BR
MGRM	MILBELLI LTDA (is an entity)
	AV JANGADEIRO 695
	SAO PAULO SP BRAZIL, SP 04815 BR
(Use attachment if necessar	ary)
TICLE V. Effective date if	other than the date of filing: 04/01/2011
Elective date, if	(OPTIONAL)
e effective date: 1) cannot b	pe prior to nor more than 90 days after the date this document is filed
	te; AND 2) must be the same as the effective date listed in the attach
	effective date listed therein.)
·	•
QUIRED SIGNATURE:	

(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. 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.)

JAIME L BELLI

Typed or printed name of signee

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