

L13000146679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

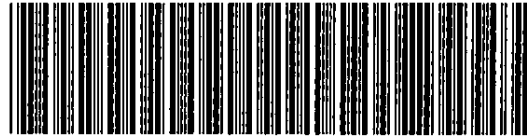
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouligan OCT 17 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUARTE MONTEIRO GROUP
(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:

Edgar M. Duarte
(Contact Person)

Duarte Monteiro Group
(Firm/Company)

1221 Brickell Avenue, Suite 900
(Address)

Miami, Florida 33131
(City, State and Zip Code)

edgar@duartemonteirogroup.com
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Edgar M. Duarte at (305) 914-4278
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

STREET ADDRESS:

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

MAILING ADDRESS:

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

DUARTE MONTEIRO
GROUP, INC.



October 17, 2013

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

RE: DUARTE MONTEIRO GROUP INC
DOCUMENT NUMBER: P120002574

Dear Neysha:

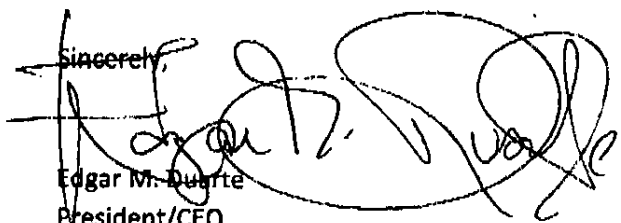
It was a pleasure speaking to you yesterday. As a follow up to my request for a change in status, I am not going to renew Duarte Monteiro Group Inc as my intentions are to change/ activate to Duarte Monteiro Group LLC.

My new address is:

Duarte Monteiro Group LLC.
1221 Brickell Avenue
Suite 900
Miami, Florida 33176

Thank you for your assistance and please call me direct at 786-367-2501 if you have any questions. Have a great day.

Sincerely,


Edgar M. Duarte
President/CEO

1221 Brickell Avenue, Suite 900
Miami, Florida 33131
305-914-4278-O * 786-227-6876-Fax* 850-778-3408-Tallahassee
www.duarte Monteiro group.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Duarte Monteiro Group 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:

1221 Brickell Avenue

Suite 900

Miami, Florida 33176

Mailing Address:

1221 Brickell Avenue

Suite 900

Miami, Florida 33176

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:

Edgar M. Duarte

Name

1221 Brickell Avenue, Suite 900

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

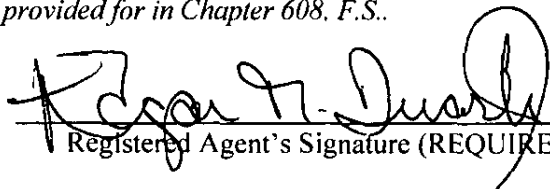
Miami

FL 33131

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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:

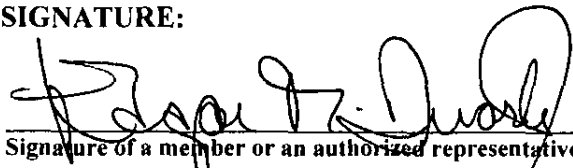
_____	Edgar M. Duarte
_____	MGRM
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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 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. 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.)

Edgar M. Duarte

Typed or printed name of signee

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TALLAHASSEE, FLORIDA