L13000169741

(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



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SEGRETARY OF STATE ALLAHASSEE, FLORID,)013 DEC -6 PH 1:1

TEC = 9 2013

T. HAMPTON

COVER LETTER

	TO: Registration Section Division of Corporations		
	SUBJECT: FLAWLESS CONSTR	RUCTION DESIG	GN, LLC
		f Resulting Florida Limi	
			tion, and fees are submitted to convert an mpany" in accordance with s. 608.439, F.S.
	Please return all correspondence concern	ing this matter to:	
	MARIA PINHEIRO		
•	(Contact Person)		
	ALPHA BUSINESS CONSULTING, I	LLC	
	(Firm/Company)		
	7022 CARLENE DR		
	(Address)		
	ORLANDO, FL 32835		
	(City, State and Zip Code	9	
	pinheiromaria@att.net	,	
	E-mail address: (to be used for future annual repo	ort notifications)	
	For further information concerning this n	natter, please call:	
	MARIA PINHEIRO	at (_407)	582-9830
	(Name of Contact Person)		nd Daytime Telephone Number)
	Enclosed is a check for the following ame	ount:	
	\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	
	STREET ADDRESS:	MAILI	NG ADDRESS:
	Registration Section		tion Section
	Division of Corporations		of Corporations
	Clifton Building 2661 Executive Center Circle	P. O. Bo	
	2001 Executive Center Circle	i alianas	see, 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 Certificate of
Conversion is:
FLAWLESS CONSTRUCTION DESIGN, INC.
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a FLAWLESS CONSTRUCTION DESIGN, INC.
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 FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
13
on 12/04/2009 .
(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 Limited Liability Company as set forth in the attached Articles of Organization:
FLAWLESS CONSTRUCTION DESIGN, LLC
(Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Emitted Diability 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.)
,
6. The conversion is permitted by the applicable law(s) governing the other business entity 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 20	day of NOVEMBER	20 <u>13</u> .	
Individual signing af		tative of Limited Liability Company: this document are true. Any false inform in s.817.155, F.S.	ation
Signature of Member Printed Name: <u>LEONA</u>	or Authorized Representativ	re: Land Title: M. G. R. M.	
this document are trus.817.155, F.S. [See b	ue. Any false information co elow for required signature		
Signature:		Title: M GRM	
Frinted Name: LEONARI	DO DA SILVA	Title: 1-1 OK 1	
Signature: Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature:		Title:	
Printed Name:		Title:	
Signature:		Title:	
	o n: n, Vice Chairman, Director, or s have not been selected, an Ir		
If Florida General Pa Signature of one Gene	a <u>rtnership or Limited Liabil</u> ral Partner.	ity Partnership:	
If Florida Limited Pa Signatures of ALL Ge	urtnership or Limited Liabil meral Partners.	ity Limited Partnership:	201 SE TAL
All others: Signature of an author			2013 DEC -6 SECRETARY

RETARY OF STATE AHASSEE, FLORIDA DEC -6 PM 1:18

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

Fees:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)
Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	'ICI	\mathbf{R}	[_ N	ame	

The name of the Limited Liability Company is:

FLAWLESS CONSTRUCTION DESIGN, 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:	Mailing Address:
11951 CYPRESS LANDING AVE CLERMONT, FL 34711	11951 CYPRESS LANDING AVE CLERMONT, FL 34711

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:

LEONARDO DA S	ILVA
	Name
11951 CYPRESS	LANDING AVE
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
FRMONT	Et 34711

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)

Page 1 of 2

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SECRETARY OF STATE

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 "MGRM" = Managing	Name and Address: Member				
MGRM	LEONARDO D 11951 CYPRE CLERMONT, F	SS LANDING AVE			
(Use attachment if nece					
ne effective date: 1) canno Florida Department of S	if other than the date of filing: _ t be prior to nor more than 90 State; <u>AND</u> 2) must be the sam an effective date listed therein.	(OPTIONAL) days after the date this le as the effective date li			
QUIRED SIGNATURE	ember or an authorized representat	i o of a manufacture			
(In accordance with section the penalties of perjury that	608.408(3), Florida Statutes, the executhe facts stated herein are true. I am a t of State constitutes a third degree fel	ution of this document constit ware that any false informatio	on submi	itted in	
<u>LEONARD</u>	D DA SILVA Typed or printed name of s	ignee	SECR	2013 DE	77
	Page	2 of 2	CRETARY OF	2013 DEC -6 PM	