

L14000154134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT -2 2014

T. HAMPTON

37055-1110



Jelen Accounting Services Inc
8181 NW 36th St, Ste 13AB
Doral, FL 33166

FAX COVERSHEET

From: Diana Jelen
Phone: 305-591-9180
Fax: 305-591-9167
Company Name: Jelen Accounting Services

To: Florida Department of State ATTN: TAMMY HAMPTON
Phone:
Fax: 850-245-6030
Pages: 5
Re: C. BORGES DO NASCIMENTO, INC.

Hi Tammy,

As per our conversation, I'm faxing to you the Articles of Conversion for C. Borges Do Nascimento, Inc. The Article Y is being changed to 10/3/2014.

Please call me if you have any questions at 305-322-7034.

Kind Regards,

☐ Urgent For Review ☐ Please Comment Please Reply ☐ Please Recycle



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2014

JELEN ACCOUNTING SERVICES INC
8181 NW 36TH ST
STE 13AB
DORAL, FL 33166

SUBJECT: C. BORGES DO NASCIMENTO, LLC
Ref. Number: W14000059048

We have received your document for C. BORGES DO NASCIMENTO, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 214A00020686



September 23, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

JELEN ACCOUNTING SERVICES INC

SUBJECT: C. BORGES DO NASCIMENTO, LLC
REF: W14000058030

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A Certificate of Conversion cannot be filed electronically. You must submit the certificate of conversion and the articles by mail.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000221239
Letter Number: 514A00020312

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

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
C. BORGES DO NASCIMENTO, INC.

(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 **FLORIDA**
on **5/6/2014** (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
C. BORGES DO NASCIMENTO, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: **10/3/14**
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

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TALLAHASSEE, FLORIDA

Signed this 9 day of 10 202014

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: C. Laine Borges do Nascimento
Printed Name: CLEINE BORGES DO NASCIMENTO Title: AMBR

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

Signature: C. Laine Borges do Nascimento
Printed Name: CLEINE BORGES DO N. Title: PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

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

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles 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:

C. BORGES DO NASCIMENTO, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

6991 NW 51 STREET
MIAMI, FL. 33166

Mailing Address:

6991 NW 51 STREET
MIAMI, FL. 33166

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:

CLEINE BORGES DO NASCIMENTO

Name

5221 NW 108 AVENUE

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

DORAL

City

FL 33178

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 605, F.S..

e. line Borges do Nascimento

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

CLEINE BORGES DO NASCIMENTO

5221 NW 108TH AVENUE

DORAL, FL. 33178

AMBR

EDIVALDO NASCIMENTO JUNIOR

5221 NW 108TH AVENUE

DORAL, FL. 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/3/14 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Cleine Borges do Nascimento

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

(In accordance with section 605.0203 (1) (b), 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.)

CLEINE BORGES DO NASCIMENTO

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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TALLAHASSEE, FLORIDA