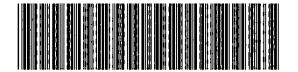
## L15000079717

(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:
Reject
Reject effective date 3
Sig w15-32099

Office Use Only



900271957019

04/23/15--01030--018 \*\*155.00

## **COVER LETTER**

Division of C			
SUBJECT: BICAL	HO BUSINESS, LLC		
	(Name	of Resulting Florida Limit	ed Company)
			nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernir	ng this matter to:	
CLEITON CARDO	so		
	(Contact Person)	***************************************	
DOMINIUM CONS	SULTING SERVICES	S, LLC	
	(Firm/Company)		
121 S. ORANGE A	VE. STE. 1110		
	(Address)		
ORLANDO-FL-328	301		
((	City, State and Zip Code)		
CLEITON@DOMI	NIUMCS.COM		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
CLEITON CARDO	so	_at (407)760	9614
(Name of Conta	ct Person)	(Area Code) (Day	rtime Telephone Number)
Enclosed is a check f	or the following amou	int:	
☐ \$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	☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
STREET ADDRESS	S:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corporati	ons	Division of C	
Clifton Building	0:-1	P. O. Box 63	
2661 Executive Cente	er Circle	Tallahassee,	FL 32314

Tallahassee, FL 32301

## 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.

BICALHO BUSINESS COR	iness Entity" immediately prior to the filing of the Articles of Conversion is:  PORATION PLACOCZS 229  (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 inco	rporated under the laws of STATE OF FLORIDA	
on 04/21/2014	(Enter state, or if a non-U.S. entity, the name of the country)	
(date of organization, formation	r incorporation)	
3. The name of the Florida Lin	nited Liability Company as set forth in the attached Articles of Organization:	
BICALHO BUSINESS, LLC		
	ame of Florida Limited Liability Company)	
(The effective date: 1) canno date this document is filed by	filing, enter the effective date:  be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective date of Organization, if an effective date is listed therein.)	3

Page 1 of 2

· · ·	
Signed this 30 Hz day of MARCH	20 <u></u>
Signature of Authorized Representative of Lim	nited Liability Company:
Signature of Authorized Representative: Printed Name: JOSE VINICIUS COSTA JUNIO	R Title: MEMBER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: Printed Nante: JOSE VINICIUS COSTA JUNIO	R Title PRESIDENT
	1 / 🗸
Printed Name: RENAILO-OLLVEIRA	Title: VICE PRESIDENT
Signature: Printed Name: RABLO OKIVELRA	THE DIDECTOR
	Title: DIRECTOR
Signature:Printed Name:	Title:
Signature:Printed Name:	7*-1
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	ıy is:
BICALHO BUSINESS, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ha mainainal affina af tha Limite d Liability Community
The maning address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1221 Brickell Avenue, Suite 900	1221 Brickell Avenue, Suite 900
Miami-FL-33131	Miami-FL-33131
ARTICLE III - Registered Agent Regist	ered Office, & Registered Agent's Signature:
	Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
DOMINIUM CONSUL	TING SERVICES, LLC
	Jame

121 S. ORANGE AVE. STE.1110

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

ORLANDO

FL 32801

City

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:  AMBR" = Authorized Member  MGR" = Manager  AMBR  AMBR	Name and Address:  JOSE VINICIUS BICALHO COSTA JR. R. Castelo da Feira 255 Apt.1001 Belo Horizonte-MG-31330-030  RENATO ALVES DE OLIVEIRA R. Quintino de Bocaiuva 131 Apt.302 Belo Horizonte-MG-31255-550  PABLO TRONCOSO OLIVEIRA
MGR" = Manager AMBR  AMBR	R. Castelo da Feira 255 Apt.1001 Belo Horizonte-MG-31330-030  RENATO ALVES DE OLIVEIRA R. Quintino de Bocaiuva 131 Apt.302 Belo Horizonte-MG-31255-550  PABLO TRONCOSO OLIVEIRA
AMBR	R. Castelo da Feira 255 Apt.1001 Belo Horizonte-MG-31330-030  RENATO ALVES DE OLIVEIRA R. Quintino de Bocaiuva 131 Apt.302 Belo Horizonte-MG-31255-550  PABLO TRONCOSO OLIVEIRA
AMBR	R. Castelo da Feira 255 Apt.1001 Belo Horizonte-MG-31330-030  RENATO ALVES DE OLIVEIRA R. Quintino de Bocaiuva 131 Apt.302 Belo Horizonte-MG-31255-550  PABLO TRONCOSO OLIVEIRA
	RENATO ALVES DE OLIVEIRA R. Quintino de Bocaiuva 131 Apt.302 Belo Horizonte-MG-31255-550  PABLO TRONCOSO OLIVEIRA
	RENATO ALVES DE OLIVEIRA R. Quintino de Bocaiuva 131 Apt.302 Belo Horizonte-MG-31255-550  PABLO TRONCOSO OLIVEIRA
	R. Quintino de Bocaiuva 131 Apt.302 Belo Horizonte-MG-31255-550  PABLO TRONCOSO OLIVEIRA
	R. Quintino de Bocaiuva 131 Apt.302 Belo Horizonte-MG-31255-550  PABLO TRONCOSO OLIVEIRA
MBR	Belo Horizonte-MG-31255-550  PABLO TRONCOSO OLIVEIRA
MBR	
MBR	
· · · · · · · · · · · · · · · · · · ·	D 7.
	R. Zona da Mata 87
	Belo Horizonte-MG-31555-470
ays after the date of filing.)  E VI: Other provisions, if any.	pecific and cannot be more than five business days
EOUIRED SIGNATURE:	
EOUIRED SIGNATURE:	$\Omega_{1}$
11/1/19	
Signature of a member or a	an authorized representative of a member.  Florida Statutes, the execution of this document
Signature of a member or a ccordance with section 605.0203 (1) (b),	Florida Statutes, the execution of this document
Signature of a member or a ccordance with section 605.0203 (1) (b), itutes an affirmation under the penalties	an authorized representative of a member.  Florida Statutes, the execution of this document of perjury that the facts stated herein are true, ed in a document to the Department of State
Signature of a member or a ccordance with section 605.0203 (1) (b), itutes an affirmation under the penalties	Florida Statutes, the execution of this document of perjury that the facts stated herein are true. ed in a document to the Department of State
Signature of a member or a ccordance with section 605.0203 (1) (b), itutes an affirmation under the penalties aware that any false information submitt itutes a third degree felony as provided f	Florida Statutes, the execution of this document of perjury that the facts stated herein are true. ed in a document to the Department of State or in s.817.155, F.S.)
Signature of a member or a accordance with section 605.0203 (1) (b), itutes an affirmation under the penalties aware that any false information submittitutes a third degree felony as provided f	Florida Statutes. The execution of this document of perjury that the facts stated herein are true. ed in a document to the Department of State

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

ARTICLE IV-

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)