# · L16000229414

/Poor	uestor's Name)	
(Negi	uestors Marrie)	
(Addı	ress)	
(Addi	ress)	
(City)	/State/Zip/Phone	e #)
	*******	
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
	-	
(Doc	ument Number)	
`	,	
Certified Copies	Certificates	e of Statue
Certified Copies	Certificates	s or Status
Special Instructions to F	iling Officer:	

Office Use Only



800292918898

12/08/16--01005---005 \*\*150.00

FILED

16 DEC 21 PH 4: 47

SECHETARY OF STATE
AND SSEE, FLORID

DEC 5 7 2016

#### **COVER LETTER**

Division of C	orporations			
SUBJECT: BraziNati	ıral LLC			
SCBGECT.	(Name	of Resulting Florida	Limite	d Company)
			-	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		•
Margarete Farias				
	(Contact Person)			
BraziNatural LLC				
	(Firm/Company)			
707 Ballard Street	•	,		
	(Address)	,		
Altamonte Springs, FL	32701			
((	City, State and Zip Code)			
mgfarias7@gmail.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Iris N. Cartagena - Accor	untant	_at (	280-1	462
(Name of Conta	ct Person)	(Area Code)	(Day	time 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 and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILI	NG A	ADDRESS:
Registration Section		Registra		
Division of Corporat	ions			Corporations
Clifton Building 2661 Executive Cent	or Cirolo	P. O. Bo		
Tallahassee, FL 323		i anana	ssee, i	FL 32314

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE Division of Corporations

18 POC 21 MIDEST

December 9, 2016

MARGARETE FARIAS 707 BALLARD STREET ALTAMONTE SPRINGS, FL 32701

SUBJECT: BRAZINATURAL CORP. Ref. Number: W16000082403

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

The Certificate of Conversion must be signed by an authorized person.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 816A00026214

Division of Corporations - P.O. ROX 6327 Tallahassaa, Florida 32314

#### **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 Bus BraziNatural Corp.	siness Entity" immediately prior to the filing of the Arti	cles	of Conve		ņis:
Бианчания Скер.	(Enter Name of Other Business Entity)	•	ARE T	DEC.	. 77
2. The "Other Business Entity	" is a Corporation	Ť	ARY I	2	(Canada )
•	(Enter entity type. Example: corporation, limited partnershing general partnership, common law or business trust, etc.)	ip,	OF ST	PH 4:	
First organized, formed or inco	orporated under the laws of		ATF RIDA	t: t7	<u>ت</u> ۔
November 22, 2016	(Enter state, or if a non-U.S. entity, t	he na	me of the	countr	y)
(date of organization, formation	or incorporation)				
3. The name of the Florida Lin BraziNatural, LLC	mited Liability Company as set forth in the attached Ar	rticle	es of Org	;aniz:	ation:
(Enter )	Name of Florida Limited Liability Company)	<b>'</b>			
4. If not effective on the date of	of filing, enter the effective date:				
(The effective date: 1) cannot date this document is filed by date listed in the attached Ar	ot be prior to date of receipt or filed date nor more the prior to date of receipt or filed date nor more the prior to date; AND 2) must be the files of Organization, if an effective date is listed the ck does not meet the applicable statutory filing requirements, this date is does not meet the applicable statutory filing requirements, this date is determined to the date of the prior to date of the prior	he sa erein	ame as ti n.)	he efi	fective
5. The plan of conversion has l	been approved in accordance with all applicable statutes	5.			

Signed this 2nd day of December	20_16	
Signature of Authorized Representative of Lin	nited Liability Company:	
Signature of Authorized Representative: M Printed Name: Margarete Farias	Title: President	-
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Marquete Faria Printed Name: marquete Faria	as Title: <u>President</u>	<del>.</del> -
Signature:Printed Name:	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
Printed Name:	Title:	-
Signature:		_
Signature:Printed Name:	Title:	-
Signature:		_
Signature:Printed Name:	Title:	 
Signature:		TA'S
Signature:Printed Name:	Title:	- [17] 1909
Signature:		HAT PRO
Printed Name:	Title:	ARY SSE
If Florida Corporation:		T & T
Signature of Chairman, Vice Chairman, Director, of	or Officer.	Lorio A
If Directors or Officers have not been selected, an		15 L7
If Florida General Partnership or Limited Liab	ility Partnershin:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	ility 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

BraziNatural, LLC (M	fust end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
4 Th PROT CO 12 TO 1		. , ,		
ARTICLE II - A		at a main ain at a CC and a Caba Timeiga d'Tiobi	lite Commoner is	
The maiting addre	ess and street address of	the principal office of the Limited Liab	inty Company is.	
Principal Office	Address:	Mailing Address:		
707 Ballard Street		707 Ballard Street		
Altamonte Springs, I	FL 32701	Altamonte Srpings, FL 32701		
(The Limited Liability of the August August 1997)	Company cannot serve as its own active Florida registration.)	n Registered Agent. You must designate an individua	l or another	
	·	f the registered agent are:		
	Florida street address o	f the registered agent are:	1 IAL	
	·	f the registered agent are:  Name	16 D TALLA	
	Florida street address of Margarete Farias		16 DEC 21 SECRETAR	
	Florida street address of Margarete Farias  707 Ballard Street	Name	16 DEC 21 SECRETARY	
	Florida street address of Margarete Farias  707 Ballard Street	Name  Wite 100/ s (P.O. Box NOT acceptable)	16 DEC 21 SECRETARY	
	Florida street address of Margarete Farias  707 Ballard Street  Florida street address	Name uiTe 1001	16 DEC 21 PH 4:47 TALLAHASSEY OF STATE	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

٠.	Company:			
	<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
	P Wallager	Margarete Farias		
		707 Ballard Street 5te 1001	_	
		Altamonte Springs, FL 32701	_	
•			<del></del>	
			<del></del>	
		)***   <u></u>		
			_ <del>ა</del> _ஐ ‴	n
		AHA AHA	(C)	- 15 
		SS	- r	
		, no	3	Π
			f. (	7
	(Use attachment if necessary)	ORIDA	5	
(If an to or ! Note:	90 days after the date of filing.)	e date of filing: 11/22/2016 (OPT be specific and cannot be more than five bus the applicable statutory filing requirements, this date will	ΓΙΟΝΑL) iness days	-
ART	ICLE VI: Other provisions, if any.			
	REQUIRED SIGNATURE:	ente tarias		
	This document is executed in a I am aware that any false infort	er or an authorized representative of a memb accordance with section 605.0203 (1) (b), Florida Statutes mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.	i.	
	Margarete Farias			
	Ts	med or printed name of signee		

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

· · · ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent