

L1700024931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

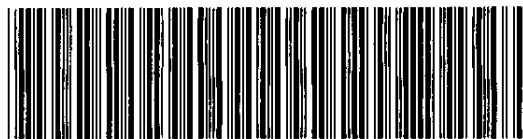
Special Instructions to Filing Officer:

conversion
CF = \$150

Office Use Only

Vanessa gave permission to
add #6 to conversion form
to be in compliance.

[Signature]
2/2/2017



800286292048

02/01/17--01015--025 **55.00

02/01/17--01015--026 **95.00

2017 FEB -1 AM 11:39

M. MILLIGAN
FEB 02 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DENT REMOVAL MARTINEZ, LLC

The enclosed Articles 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. 605.1045, F.S.

Please return all correspondence concerning this matter to the following:

Name of Person: RODRIGO CAVALCANTE

Firm/Company: US TAX CONSULTING INC

Address: 5401 S. KIRKMAN RD STE 135

City/State and Zip Code: ORLANDO, FL, 32819

rodrigo@ustaxconsulting.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODRIGO CAVALCANTE

Name Person

(407) 674-8969

Phone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 2661

STREET/COURIER ADDRESS:

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

2017 FEB -1 AM 11:39
FEB 1 2017

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:

DENT REMOVAL MARTINEZ LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC – LIMITED LIABILITY COMPANY

(Enter entity type. Example: Corporation, Limited Partnership,

General Partnership, Business Trust, etc.)

First organized, formed or incorporated under the laws of DELAWARE

(Enter state, or if a non-U.S. entity,
the name of the country)

on 07/20/2012

(date of organization, formation, or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization:**

DENT REMOVAL MARTINEZ LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(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.) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Signed this 19 day of DECEMBER 2016.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: MIGUEL MARTINEZ VASCONCELOS Title: MEMBER

Signature of Authorized Representative: _____
Printed Name: _____ Title: _____

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

Signature of Authorized Representative: _____
Printed Name: MIGUEL MARTINEZ VASCONCELOS Title: MEMBER

Signature of Authorized Representative: _____
Printed Name: _____ Title: _____

6. The "Converted" or "Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under §§ 605.1006 and 605.1061-605.1072, F.S.

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.

2017 FEB -1 AM 11:33
NOTAR PUBLIC
J. L. B. J.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DENT REMOVAL MARTINEZ 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:

4630 S KIRKMAN RD STE 354

ORLANDO FLORIDA

32811

Mailing Address:

4630 S KIRKMAN RD STE 354

ORLANDO FLORIDA

32811

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:

MIZAEAL M VASCONCELOS

Name

4630 S KIRKMAN RD STE 354

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

ORLANDO

City

FL 32811

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MIZAE M VASCONCELOS

4630 S KIRKMAN RD STE 354

ORLANDO FL 32811

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

DANILO SANTANA (ACCOUNTANT)

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)