

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRLIFFE DI STATE
ALLAHASSE DI STATE

MAR 22 2017 T SCHROEDER

# **COVER LETTER**

Division of Corporations		
SUBJECT: P J BROTHERS LLC		•
	esulting Florida Limited Con	npany)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I		
Please return all correspondence concerni	ng this matter to:	
LECIO DE PAULA		
(Contact Person)		
BRILLIANT TAX SERVICES CORP		
(Firm/Company)	,	
2705 HIDDEN LAKE BLVD #D		
(Address)		
SARASOTA, FL 34237		
(City, State and Zip Code)		
brilliantaxservices@gmail.com		
E-mail Address: (to be used for future annual t	report notifications)	
For further information concerning this m	atter, please call:	
LECIO DE PAULA	$at (\frac{941}{})^{815-8}$	3886
(Name of Contact Person)		rtime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		sed by this office must be payable in US
\$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: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING A New Filing S Division of C P. O. Box 63: Tallahassee,	Section Corporations 27

### **Articles of Conversion**

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

P J BROTHERS INC (Enter Name of Other Business Entity)	<del></del>
2. The "Other Business Entity" is a CORPORATION	
(Enter entity type. Example: corporation, limited par general partnership, common law or business trus	
First organized, formed or incorporated under the laws of	
10/21/2016 (Enter state, or if a non-U.S. e	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 attach	ed Articles of Organization:
P J BROTHERS LLC	
(Enter Name of Florida Limited Liability Company)	<del></del>
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 mafter the date this document is filed by the Florida Department of State; AN the effective date listed in the attached Articles of Organization, if an effective lifthe date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	<u>ID</u> 2) must be the same as ive date is listed therein.)
5. The plan of conversion has been approved in accordance with all applicable st	tatutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	- • •
	17 H SUDA TALLI A

	•			
Signed this 13 day of MARCH	202017.			
Signature of Authorized Representative of Limi	ited Liability Company:			
Signature of Authorized Representative: Printed Name: JOAO G DE OLIVEIRA	o J. Mura, Tile: MGR	<u> </u>		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	)		
Signature: 1900 pour de Munica Printed Name: JOAO G GE OLIVEIRA		-		
Printed Name: JOAO G DE OLIVEIRA	Title: PRESIDENT	_		
Signature:				
Signature:Printed Name:	Title:			
Signature:	Trul			
Printed Name:	Title:			
Signature: Printed Name:	Title:			
Signature:Printed Name:	Title			
Signature:Printed Name:	_ Title:	<del></del>		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.		2017 <u>V</u> 275	17 }	
Fees:		金巻	7 HAR 22	***************************************
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	AT OF STATE	22 PH 12: 46	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
P J BROTHERS LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2705 HIDDEN LAKE BLVD #D	2705 HIDDEN LAKE BLVD #D
SARASOTA, FL 34237	SARASOTA, FL 34237
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the	
BRILLIANT TAX SERVICES	
Nam	e
3050 ASHTON RD	
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
SARASOTA	FL 34231
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	TAR MAR
	22 PHI2: L

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	JOAO G DE OLIVEIRA
	2705 HIDDEN LAKE BLVD #D
	SARASOTA, FL 34237
	111111111111111111111111111111111111111
(Use attachment if necessary)	
<b>ARTICLE V:</b> Effective date, if other th	an the date of filing: . (OPTIONAL)
	must be specific and cannot be more than five business days
prior to or 90 calendar days after the d	
	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.
<b>ARTICLE VI:</b> Other provisions, if any.	
	SE N
	00 % P
REQUIRED SIGNATURE:	Mary - PHI 2: 55
Signature of a ma	mber or an authorized representative of a member.
This document is executed	I in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false i	information submitted in a document to the Department of State
	elony as provided for in s.817.155, F.S.

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

ARTICLE IV-

Company:

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)

Typed or printed name of signee

JOAO G DE OLIVEIRA