# 117000110297

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





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T. BURCH MAY 22 2017

### **COVER LETTER**

TO:	New Filing Se Division of Co				
SHRT	ECT. USA BUS	SINESS DEVELOPMENT	, CORP.		
SCD0.	EC1	(Name of Res	ulting Florida Lim	ited Com	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:	ı	
NATA	LIA MEDEIROS				
<del></del>		(Contact Person)		_	
CSG -	CAPITAL SERVI	CES GROUP, INC			
		(Firm/Company)		-	
446 W	HILLSBORO BL	VD			
		(Address)		_	
DEER	FIELD BEACH, F	L 33441			
-	(0	City, State and Zip Code)		_	
NATA	LIA@THEWAYO	GROUP.BIZ			
E-m	ail Address: (to be	used for future annual re	port notifications)	_	
For fu	rther information	on concerning this mat	tter, please call:		
NATA	LIA MEDEIROS		at ( <sup>954</sup>	) 427-4	1770
	(Name of Contact	ct Person)		(Day	rtime Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New F Division Cliftor 2661 E	ET ADDRESS iling Section on of Corporati Building Executive Center Tallahassee, Fl	ons er	New I Divisi P. O.	Filing So on of C Box 632	Corporations

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.

1. The name of the "Other Busine USA BUSINESS DEVELOPMENT, CO	ess Entity" immediately prior to the filing of the Articles ORP	of Conv	ersio	n is:
(E	nter Name of Other Business Entity)		17	
2. The "Other Business Entity" is	a CORPORATION		HAY.	<del>-11</del> .
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	200 200 200 200 200 200 200 200 200 200	8	FILED
First organized, formed or incorpo	orated under the laws of	<u> </u>	⊙	_
09/17/2009 on	(Enter state, or if a non-U.S. entity, the na	ime of the	countr	y)
(date of organization, formation or in	ed Liability Company as set forth in the attached Article	es of Or	aaniz	ation
USA BUSINESS DEVELOPMENT LL		es of Off	ganız	ativii
(Enter Nam	e of Florida Limited Liability Company)			
4. If not effective on the date of fi	iling, enter the effective date:			
after the date this document is fi the effective date listed in the att	e prior to date of receipt or filed date nor more than select by the Florida Department of State; AND 2) must tached Articles of Organization, if an effective date is seen not meet the applicable statutory filing requirements, this date whent of State's records.	t be the listed th	same hereii	as n.)
5. The plan of conversion has been	approved in accordance with all applicable statutes.			

- 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 ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 04 day of	MAY 20 17	<del>.</del>
Signature of Authorized Rep	oresentative of Limited Liability	Company:
	(\(\O(0)\)	
Signature of Authorized Representation		<u> </u>
Printed Name: MARCELO CESA	RINI Title: AMB	К
Signature(s) on behalf of Oth	er Business Entity: [See below for	r required signature(s)
Signature:		
Printed Name: MARCELO CESA	RINI Title: PRES	IDENT
Signature:		
Printed Name:	Title:	
Signature:		····
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
•		
Signature:	The state of the s	
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice C	hairman, Director, or Officer.	
If Directors or Officers have no	ot been selected, an Incorporator mu	ist sign.
	ip or Limited Liability Partnershi	i <u>p:</u>
Signature of one General Partn	er.	
If Florida Limited Partnersh Signatures of <u>ALL</u> General Pa	ip or Limited Liability Limited Partners.	artnership:
All others: Signature of an authorized pers	ion.	
Fees:		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Emmed I	Liability Company	is:
USA BUSINESS DEVELOPM		
(Must contain	the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and s	treet address of the	principal office of the Limited Liability Company is:
Principal Office Address	<u>s:</u>	Mailing Address:
140 CYPRESS CLUB DR 402	!	140 CYPRESS CLUB DR 402
POMPANO BEACH, FL 3306	60	POMPANO BEACH, FL 33060
CSG - (	CAPITAL SERVICES Na	GROUP, INC
446 W	HILLSBORO BLVD	
	HILLSBORO BLVD da street address (F	P.O. Box NOT acceptable)
Florid		P.O. Box NOT acceptable)  FL 33441
Florid	da street address (F	

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager AMBR	MARCELO CESARINI		
AWDK	140 CYPRESS CLUB DR		
	POMPANO BEACH, FL 33060		
AMBR	MARIA GALEANDRO		
	140 CYPRESS CLUB DR	The state of	<b>7</b>
	POMPANO BEACH, FL 33060	3 × 55	X
		75-1	₹ ;,
		- 84 <b>c</b>	- <del>□</del>
		97.	ž)
		9£ <b>(</b>	_
(Use attachment if necessary)			
•			
•	he date of filing:	(OPTI	ONAL
(Use attachment if necessary)  ICLE V: Effective date, if other than the seffective date is listed, the date must	he date of filing: It be specific and cannot be more tha	(OPTIO	
TCLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date	it be specific and cannot be more that of filing.)	an five busin	iess da
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TICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet ment's effective date on the Department of State IICLE VI: Other provisions, if any.	at be specific and cannot be more that of filing.) the applicable statutory filing requirements, the	an five busin	iess da
TICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet ment's effective date on the Department of State.	at be specific and cannot be more that of filing.) the applicable statutory filing requirements, the	an five busin	ess da

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.

MARCELO CESARINI

Typed or printed name of signee

the