# L17000204009

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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# **COVER LETTER**

<b>TO:</b> New Filing S Division of C				
SUBJECT: HARAS	LA PROVIDENCIA S.A.	LLC		
	(Name of Res	ulting Florida Limite	ed Con	npany)
				d fees are submitted to convert an "Othoccordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
MICHEL DE AMORIM				
· · · · · · · · · · · · · · · · · · ·	(Contact Person)			
DRUMMOND CPA LL	C			
10 10 10 10 10 10 10 10 10 10 10 10 10 1	(Firm/Company)			
601 BRICKELL KEY D	R. SUITE 901			
	(Address)			
MIAMI, FL 33131				
	City, State and Zip Code)			
MAMORIM@DRUMM	ONDADVISORS.COM			
E-mail Address: (to b	be used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
MICHEL DE AMORIM	l	_at (	3770-0	0005
(Name of Contact Person)		(Area Code)	(Day	otime Telephone Number)
	for the following amou a bank located in the		rocess	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 and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Filing Section		ection
Division of Corporat	ions	Division of Corporations P. O. Box 6327		•
Clifton Building 2661 Executive Cent		Tallahassee, FL 32314		

Tallahassee, FL 32301

# 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: HARAS LA PROVIDENCIA S.A. LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
AUGUST 29th, 2016 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
HARAS LA PROVIDENCIA S.A. LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
<u>Note:</u> 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.
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 20 day of September 20 17			
Signature of Authorized Representative of Limited Liability Compan	<u>v:</u>		
Signature of Authorized Representative: Printed Name: Oscar Lopez Title: Manager	_		
Printed Name: Oscar Lopez Title: Manager			
Signature(s) on behalf of Other Business Entity; (See below for required	l signature(s)}		
Signature:			
Printed Name: Jose Luiz Depieri Title: Manager			
Signature:			
Printed Name: Celso Henrique Café e Alber Junior Title: Manager			
Signature:			
Printed Name: Oscar Daniel Lopez Title: Manager			
Signature:			
Printed Name Jose Laudo de Camago   Vitle: Manager			
Printed Name:Title:			
Signature:			
Printed Name: Title:	<del></del>		
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 Partnershin: Signatures of ALL General Partners.			

<u>All others:</u> Signature of an authorized person.

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AND STANFORD STANFORD

ARTICLE 1 - Name:	
The name of the Limited Liability Compan	ıy is:
HARAS LA PROVIDENCIA S.A. LLC	
(Must contain the words "Limited I.	nability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Compa
Principal Office Address:	Mailing Address:
601 Brickell Key Dr. Suite 901	601 Brickell Key Dr. Suite 901
Miami, FL 33131	Miami, FL 33131
	- <del></del>
DRUMMOND CPA LLC	
	Name
601 BRICKELL KEY DR,	STRICONT
	(P.O. Box <u>NOT</u> acceptable)
МІАМІ	FL 33131
City	Zip
liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated in this certificate. I hereby accept the appointme capacity. I further agree to comply with the provisionlete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 605,
accept the obligations of my position of	L. A.
July o	Le Amin
July o	S Signature (REQUIRED)
Registered Agent's	Le Amin

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR - Wallager	Oscar Daniel Lupez		
	Av. Diego Carman 222, Stud 61, San Isidro		
	Buenos Aires, Argentins		
MGR	Jose Luiz Deptert		
	Av. Nacoes Unidos 4777, Cj 13b		
	Sao Paulo, Brazil 05477-00		
MGR	Celso Henrique Café e Alves Junior		
	Av. Nacoes Unidas 4777, Ci 13b		
•	Sao Paulo, Brazil 05477-00		
MGR	Jose Laudo de Camargo		
	5630 McCowans Ferry Rd, P.O Box 106		
	Versailles, KY 40383		
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any,	1		
REQUIRED SIGNATURE:	11		
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony		
Oscar Daniel López			
Ty	ned or printed name of signee		

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