## L18000162243

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone i	<del>/</del> /
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only

M. MOON
JUN 2 7 2018



800314940268

06/25/18--01023 TALLAHASSEE FLORIDA

W18-59819

T. BURCH
JUL 5 2019

## **COVER LETTER**

Division of Corporations	
SUBJECT. MAM AMERICA DEVELOPM	ENTS INC
SUBJECT: MAM AMERICA DEVELOPM (Name of	Resulting Florida Limited Company)
	rticles of Organization, and fees are submitted to convert an "Other I Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concert	ning this matter to:
RODRIGO CAVALCANTE	
(Contact Person)	
US TAX CONSULTING INC	
(Firm/Company)	
5401 S KIRKMAN RD STE 135	
(Address)	<del></del>
ORŁANDO FL 32819	
(City, State and Zip Cod	de)
SUPPORT@USTAXCONSULTING.NET	
E-mail Address: (to be used for future annua	il report notifications)
For further information concerning this	matter, please call:
RODRIGO CAVALCANTE	at ( <sup>407</sup> ) <sup>674</sup> 8969
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following an dollars and drawn on a bank located in t	nount: (All checks processed by this office must be payable in US he United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐\$155.00 Filing Fee and Certificate of Status	and Certified Copy  S185.00 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 ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

June 27, 2018

RODRIGO CAVALCANTE 5401 S KIRKMAN RD STE 135 ORLANDO, FL 32819

SUBJECT: MAM AMERICA DEVELOPMENT INC

Ref. Number: W18000059819

We have received your document for MAM AMERICA DEVELOPMENT INC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

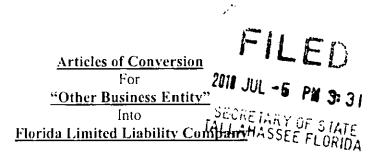
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 518A00013427

Matthew T Moon Regulatory Specialist III

www.sunbiz.org



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:  MAM AMERICA DEVELOPMENTS INC  PITCH 44543
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(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)
05/17/2017 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:
MAM AMERICA DEVELOPMENTS 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.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

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

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 21 day of JUNE	20_18
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	Tith: Registered Agent
riffled Name: Nothigo Cavalcante.	THE STATE OF THE S
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: // / / / / / Printed Name FABIANO BARBOSA TERRA	
Signature:	•
Signature: MAX KRISH ALMEIDA DUNHAM	Title: VP
Signature:Printed Name:	Title:
Signature:	Title
Printed Name:	
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida <u>Corporation:</u>	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
	and the stand Danas analysis
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnersnip:
Signatures of <u>1999</u> Constant and one.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	any is:
MAM AMERICA DEVELOPMENTS LLC	
	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5401 S KIRKMAN RD STE 135	5401 S KIRKMAN RD STE 135
ORLANDO FL 32819 US	ORLANDO FL 32819
ARTICLE III - Registered Agent, Re	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  ATE  Name
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  RODRIGO CAVCALC	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  ATE  Name
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  RODRIGO CAVCALC	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  ATE  Name  STE 135

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)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	CARLANO RARROCA TERRA
AMBR	FABIANO BARBOSA TERRA
	RUA LEONOR CALMON 171 APT 301
	SALVADOR 40296-320 BR
AMBR	MAX KRISH ALMEIDA DUNHAM
AMBIT	AVENIDA DO TURISMO QUADRA B LOTE 3
	MANAUS, AM 69041-010 BR
	D <sub>(i)</sub>
	<b>☆</b> 高 2
(Use attachment if necessary)	<u> </u>
(Ose attachment ii necessary)	VIAIE ORIDA
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
<u> </u>	Descrip
Signature of a member or	an authorized repressutative of a member
This document is executed in accordance	e with section 605:0203 (17(b), Florida Statutes. I am aware th
<ul> <li>any false information submitted in a docu</li> </ul>	iment to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	
RODRIGO CAVALCANTE	

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)