# L18000240116

(Re	questor's Name)	<del> </del>
(Ad	dress)	<u> </u>
(Ad	dress)	
•	,	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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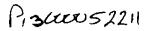
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## COVER LETTER

TO: New Filing S Division of C				
CUID BEZOT, BEM-VI	NDOS A ORLANDO LLO			
SUBJECT:	(Name of Res	ulting Florida Limited Cor	npany)	
The enclosed Article	s of Conversion, Artic	les of Organization, an	ed fees are submitted to coordance with s. 605.1	convert an "Other
Please return all corr	espondence concerning	g this matter to:		
CAROLINE LARSON				
	(Contact Person)	•••••••••••••••••••••••••••••••••••••••		
LARSON ACCOUNTIN	NG GROUP			
	(Firm/Company)			
7901 KINGSPOINTE P	KWY STE 17			
	(Address)			
ORLANDO, FL 32819				
(1)	City, State and Zip Code)			
consulting@larsonacc.co	om			
E-mail Address: (to b	ne used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
JOAO CARLOS SANT	OS FILHO	at ( 407 ) 773	4420 ytime Telephone Number)	
(Name of Conti	act Person)	(Area Code) (Day	ytime Telephone Number)	<del></del>
	for the following amou a bank located in the		sed by this office must	be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Fiting Fees and Certificate of Status	S180.00 Fiting Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRES New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	tions ter Circle	MAILING A New Filing S Division of C P. O. Box 63 Tallahassee,	Section Corporations 27	18 OCT 17 P

INHS11 (7/17)



#### 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.

The state of the s	- <del></del> -
Enter Name of Other Business Entity)  2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership, general partnership, con	
(Enter entity type. Example: corporation, limited partnership, general partnership, con	nmon law or business trust, etc.)
First organized, formed or incorporated under the laws of	the name of the country)
	·
06/17/2013 On	
3. The name of the Florida Limited Liability Company as set forth in the attached A	rticles of Organization:
BEM-VINDOS A ORLANDO 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 that the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	n 90 calendar days after
	22
5. The plan of conversion has been approved in accordance with all applicable statute	rst.
<ol> <li>The plan of conversion has been approved in accordance with all applicable statute</li> <li>The "Converted or Other Business Entity" has agreed to pay any members having app which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	

	•				
Signeo	l this <u>Olst</u>	day of OCTOBER	20 18		
Signa	ture of Author	ized Representative of Limi	ted Liability Company:		
Signat Printed	ure of Authoriz I Name: <u>JOAO C</u>	zed Representative:CARLOS SANTOS FILID	Title: MANAGER		
Signat	urc(s) on beha	If of Other Business Enrity: 1	See below for required signature(s)[		
Signat Printed	ure: *   I Name 10.49 (	ARLOS SANTOS FILHO	Title: P.S		
Signat Printed	ure: ! Name:		Title:		
Signat Printed	ure: l Name:		Tide:		
Signat Printed	ure: 1 Name:		Title:		
Signat Printed	ure: I Name:		Title:		
Signat Printed	ure: I Name:		Title:		
If Flor	rida Corporati ure of Chairma		Officer.		
	ida General P ure of one Gene	artnership or Limited Liabili eral Partner.	tv Partnership:		
		artnership or Limited Liabili eneral Partners.	v Limited Partnership:		
All oth Signat	<u>ters:</u> ure of an author	rized person.		<b>D</b>	
<u>Fees:</u>				uge	<b>6</b> (5)
	Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organization: - 'Y'	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	ţ.	17 98 5: 5
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	is:			
DEM MAIDOR & OBE ANDOLLE				
BEM-VINDOS A ORLANDO LLC  (Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")			
	,,,,,,			
ARTICLE II - Address:				
The mailing address and street address of th	e principal office of the Limited	Liability C	ompan	y is:
D				
Principal Office Address:	Mailing Address:			
7362 FUTURES DR SUITE 2	7362 FUTURES DR SUITE 2			
ORLANDO, FL 32819	ORLANDO, FL 32819			
		***************************************		
		<del></del>		
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Age.	nt's Signatu	ire:	
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)	legistered Agent, You must designate an it	idividual or ano	ther	
business chirty with an active 1 torium registration.)				
The name and the Florida street address of t	he registered agent are:			
LATICANI ACCOUNTUNICA	CDALLII			
LARSON ACCOUNTING O				
1	ame			
7901 KINGSPOINTE PKW	Y STE 17			
***************************************	P.O. Box NOT acceptable)			
,	1			
ORLANDO	FL 32819			
City	Zip			
Having been named as registered agent at				
liability company at the place designate	•			
registered agent and agree to act in this ca statutes relating to the proper and compl				
	• •	•		
accept the obligations of my position a.	s registerea agent as proviaca jo	r in Chapter	005, r	5
(//(-)	alanu			
Panietarad Apant's	Signature (REQUIRED)	<u></u>		
Registered Agent's	Signature (RESZOTRED)	<del></del>	<b>E</b>	
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#### ARTICLE IV-

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	
MGR	SANTOS FILHO, JOAO CARLOS
	7362 FUTURES DR SUITE 2
	ORLANDO, FL 32819
MGR	GIRALDO TABA, YURLAY ANDREA
***************************************	612 CAPTIVA CIR
	KISSIMMEE, FL 34741
MGR	AMAYA, JOSEPH
	612 CAPTIVA CIR
	KISSIMMEE, FL 34741
	<del></del>
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V. Office provisions, it any.	;: "
	ب ر
REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·
·(XX)' [ )	•
63 114 14 14	2 2 4 4 2 1 2 4 2 2 4 4 4 1 2 2 4 2 2 2 4 4 4 1 2 2 4 2 2 2 4 4 4 1 2 2 4 2 2 4 2 4
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the Statutes of the Property of the Prope
as provided for in \$.817.155, F.S.	ment to the Department of State constitutes a third degree feld
SANTOS FILHO, JOAO CARLOS	
Ty	ped or printed name of signee
	# 7 * 4 * P. P.

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)