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(Requestor's Name)
(Hoddesto, 2 Herror
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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2020 AUG 21 AM 8: 44 SECRUTARY OF STATE TALLARASSAEL FL

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/21/2020	
	₩ALK II
ENTITY NAME D2M T	RADING SOLUTIONS LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
XXXX	Plain Copy
	Certified Copy
	Certificate of Status
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINA	
NUMBER OF CERTIFICA	TES REQUESTED
TOTAL OWED \$150.00	ACCOUNT #: I20160000072
Please call Tina at t	the above number for any issues or concerns. Thank you so much!

FILED
2020 AUG 21 AM 8: 44
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: D2M TRADING SOLUTIONS 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.)
First organized, formed or incorporated under the laws of Missouri
(Enter state, or if a non-U.S. entity, the name of the country)
On 01/16/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
D2M TRADING SOLUTIONS 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.) Note: 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 13th day of August	
Signature of Authorized Representative of Lim	ited Lightlity Company:
,	
Signature of Authorized Representative: Printed Name: Dimas Medvedeff Leme	\mathcal{L}
Printed Name: Dimas Medvedeff Leme	Title: Member
X X	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Dimas redvedeff Leme	
Printed Name: Dimas Medvedeff Leme	Title: Member
*\	
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	T'.1
Printed Name:	Title:
Cimatura	
Signature: Printed Name:	Title
Trinied Name.	True.
Signature	
Signature:Printed Name:	Title:
Timed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	-
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Amining of Course	625.00
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	A	RT.	ICI	LE.	l -	N	am	e:
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The name of the Limited Liability Company is:

D2M TRADING SOLUTIONS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Trav. Pde. José Orlando Siqueira do Amaral 130 Cond. Rosario de Fatima Braganca Paulista, Sao Paulo 12919-604 Brazil ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: DGA OFFICE LLC Name

Florida street address (P.O. Box NOT acceptable)

Miami FL 33131-2803

City Zip

777 Brickell Ave., Suite 500

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	Cina - Mada dalli I ama
"MGR" = Manager	Dimas Medvedeff Leme
AMBR	Trav. Pde. José Orlando Siqueira do Amaral 130
	Cond. Rosario de Fatima, Braganca Paulista
	Sao Paulo 12919-604 Brazil
AMBR	Daniella Sales Botter
	Trav. Pde. José Orlando Siqueira do Amaral 130
	Cond. Rosario de Fatima, Braganca Paulista
	Sao Paulo 12919-604 Brazil
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CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	ran authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	an authorized representative of a member country section 605.0203 (1) (b). Florida Statutes, I am aware that tument to the Department of State constitutes a third degree felony

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)