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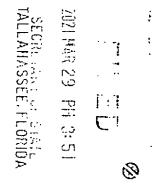
(Re	equestor's Name)	
(Ac	idress)	
(Ac	fdress)	
(Ĉi	ty/State/Zip/Phone	
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Consist Instructions to		
Special Instructions to	riling Officer:	
		

Office Use Only



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COVER LETTER

TO: New Filing S Division of C			
SUBJECT: Delacos	sta LLC		
		sulting Florida Limi	nited Company)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	des of Organizati iability Company	tion, and fees are submitted to convert an "Otheny" in accordance with s. 605.1045, F.S.
Please return all corr	espondence concernir	g this matter to:	
Tiago Costa			
	(Contact Person)		-
Delacosta LLC			
	(Firm/Company)		-
3514 Harken Cir			
	(Address)		_
Tampa, FL 33607	,		
<u> </u>	City, State and Zip Code)		_
delacostallc.tiago@gn	•		
	be used for future annual re	port notifications)	_
		•	
r or further informati	on concerning this ma		
Tiago Costa		_at (202-8607
(Name of Conta	nct Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check t dollars and drawn on	or the following amou a bank located in the	int: (All checks p United States)	processed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□S155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop	•
Mailing Add			Street Address:
New Filing S			New Filing Section
Division of C P.O. Box 632			Division of Corporations
17.0. DOX 032	1		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

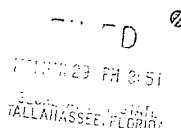
Tallahassee, FL 32314

Articles of Conversion For

"Other Business Entity"

Into





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: Delacosta 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
6/11/2018
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Delacosta 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 25th day of March	20_21
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Tiago Costa	Title Padpar
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature: Art. Printed Name: Tiago Costa	Title: Partner
Signature	
Signature: Printed Name:	Title
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	0.05
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	Officer.
and the second selected, all the	corporator must sign.
<u> If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Linbili	tr. I imited Done and to
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
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

Delacosta LLC	(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC	1
	(Stust Contain the Words Elimited	maining Company, 12.12.C., or 12.13	. 1
ARTICLE II - The mailing add		the principal office of the Lir	nited Liability Company is:
Principal Offic	e Address:	Mailing Address:	
3514 Harken Cir	. Tampa. FL 33607	3514 Harken Cir, Tam	pa, FL 33607
	an active Florida registration.) he Florida street address o Tiago Costa	f the registered agent are:	
	nago occia	Name	_
	3514 Harken Cir		
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)	_
	Tampa	FL_33607	
	City	Zip	_
liability co registered age statutes rela	mpany at the place designo ent and agree to act in this d ting to the proper and com	ited in this certificate, I hereby capacity. I further agree to co	omply with the provisions of all s, and I am familiar with and

(CONTINUED)

ARTICLE IV-

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		
AMBR	Tiago Costa	
	3514 Harken Cir, Tampa, FL 33607	_
AMBR	Ramon Delacruz	_
	42 Welsh St, Malden, MA 02148	-
AMBR	Frederico Fernandes	-
	2920-304 New Haven Dr, Durham, NC 27703	-
	——————————————————————————————————————	-
	LL A.H.	921 kg
(Use attachment if necessary)	SSE!	1 · · · · · · · · · · · · · · · · · · ·
•		E [I]
TICLE V: Other provisions, if any.	LORIDA LORIDA	T
		<u> </u>

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

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.

Tiago) Costa
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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)