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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Excument Number)
Certified Copies Certificates of Status
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SUBJ	FCT: CR ACC	OUNTING & CONSULT	ING LLC		
0017			sulting Florida L	imited Co	mpany)
The e	nclosed Article ess Entity" into	s of Conversion, Artic o a "Florida Limited L	les of Organia iability Comp	zation, at any" in a	nd fees are submitted to convert an "Other eccordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter (0:	
CLAU	DEMIR GOMES	RAMOS			
		(Contact Person)		—	
CR AC	COUNTING AN	ID CONSULTING CORF			
		(Firm/Company)	· ·		
811 N	W 43RD AVE UI	VIT 625			
	<u> </u>	(Address)			
MIAMI	. FL 33126				
	((City, State and Zip Code)			
CLAU	DEMIR@CRTAX	K.U\$			
E-n	nail Address: (to b	e used for future annual re	port notification	s)	
For fu	rther informati	on concerning this ma	tter, please ca	II:	
CLAUI	DEMIR GOMES	RAMOS	_at (<u></u>	5776	481
	(Name of Conta	et Person)	(Area Co		rtime Telephone Number)
Enclos dollars	sed is a check f s and drawn on	or the following amou a bank located in the	nt: (All check United States)	s proces:	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	☐S155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified (☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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: CR ACCOUNTING AND CONSULTING CORP
(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)
06/11/2019 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: CR ACCOUNTING & CONSULTING 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.

(Z)

Signed this 22 day of JUNE	2021			
Signature of Authorized Representative of Lim	ited Limility Company:			
Signature of Authorized Representative: Printed Name: CLAUDEMIR GOMES RAMOS	Title: MANAGER		,	
Signature(s) on behalf of Other Business Entiry;		_		
Signature: Printed Name: CLAUDEMIR GOMES RAMOS		_		
	Title: PRESIDENT	_		
Signature: Printed Name:	Title:	- -		
Signature:Printed Name:	Title:	- -		
Signature:Printed Name:	Title	_		
Signature:Printed Name:				
Signature: Printed Name:	Title:	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:			42
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	AELA)	21 JUH 28	Ø
All others: Signature of an authorized person.		WSSEE.	· ~ ~ ~	
Fees:			P# [2: t -3	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	## >	చ్	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:	
CR ACCOUNTING & CONSULTING LLC		
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
811 NW 43RD AVE UNIT 625	811 NW 43RD AVE UNIT	625
MIAMI FL 33126	MIAMI FL 33126	
ARTICLE III - Registered Agent, Regist The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of I	Registered Agent. You must designate an	ent's Signature: individual or another
	•	
CLAUDEMIR GOMES RA		
	lame	
811 NW 43RD AVE UNIT	625	
Florida street address ((P.O. Box NOT acceptable)	
MIAMI	FL ³³¹²⁶	
City	Zip	
	ed in this certificate, I hereby acc upacity. I further agree to compl ete performance of my duties, ar	cept the appointment as ly with the provisions of all and I am familiar with and or in Chapter 605, F.S
		PH

ARTICLE IV-

as provided for in s.817.155, F.S.

CLAUDEMIR GOMES RAMOS

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	CLAUDEMIR GOMES RAMOS
	811 NW 43RD AVE UNIT 625
	MIAMI FL 33126
MGR	DÉBORA REGINA DE MORAES RAMOS
	811 NW 43RD AVE UNIT 625
	MIAMI FL 33126
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	S 23
(Use attachment if necessary)	<u> </u>
	PH 12: 43
RTICLE V: Other provisions, if any.	Σ . ω
	
REQUIRED SIGNATURE:	
	- Ma
Signature of a member	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware that

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)

any false information submitted in a document to the Department of State constitutes a third degree felony