12200007445

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



900377909399

12/14/21--01019--002 **155.00

28:11,1 1-1-1. 65

COVER LETTER -- *

TO: New Filing Section Division of Corporations		
SUBJECT: COMPANHIA DO TYLE LI	LC	
(Name	of Resulting Florida Limited	Company)
The enclosed Articles of Conversion, Business Entity" into a "Florida Limi		, and fees are submitted to convert an "Other in accordance with s. 605,1045, F.S.
Please return all correspondence conc	cerning this matter to:	
MARCELLA G BORDIGNON		
(Contact Person)		
EXPAT CONSULTING CORP		
(Firm Company)	,	
8615 COMMODITY CIRCLE SUITE 11		
(Address)		
ORLANDO FL 32819		
(City, State and Zip (Tode)	
MANAGER@EXPATCONSULTING.CO	M	
E-mail Address; (to be used for future an	nual (eport notifications)	
For further information concerning th	us matter, please call:	
MARCELLA BORDIGNON	91 (407)	45-1112
(Name of Contact Person)	(Area Code)	45-1112 Day(ime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located i		cessed by this office must be payable in US
☐ \$150.00 Filing Fees - ■\$155,00 Filing (\$25 for Conversion & \$125 for Articles of Organization)	•	es
Mailing Address:	St	reet Address:
New Filing Section	N	ew Filing Section
Division of Corporations		vision of Corporations
P.O. Box 6327 Tallahassee, FL 32314		ae Centre of Tallahassee 45 N. Monroe Street, Suite 810
FOR CONTROL OF SECURITIES AND ADDRESS OF THE SECURITIES AND ADDRES	_*'	1. A. MOHROC MICCL MILICARD

Tallahassee, FL 32303



RECEIVED

2022 JAN -3 PM 2: 40

FLORIDA DEPARTMENT OF STATE SE ANA SSEE, FL Division of Corporations

December 16, 2021

MARCELLA G BORDIGNON 8615 COMMODITY CIR STE 11 ORLANDO, FL 32819

SUBJECT: COMPANHIA DO TYLE LLC

Ref. Number: W21000159475

We have received your document for COMPANHIA DO TYLE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 821A00030392

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 8,605,1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: COMPANHIA DO TYLE LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a (Enter entity type. Fxample corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Finter state, or if a non-D.S, entity, the name of the country)
12/07/2020
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
COMPANHIA DO TYLE 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 22 day of December	202/ .
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Mayanna Cardoso Gumaraes	Janga C. gumorais
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: <u>May anno C. Guino</u> Printed Name: <u>Mayanna Gardoso Guimaraes</u>	nair
Printed Name: Mayanna Gardoso Guimacales	Title: ambr
Signature: Printed Name: Thiago Anttonio Goncalves Fernandes	Title: ambr
Signature:Printed Name:	Title.
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	
Finited Name:	Due:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$20.00 (Onti multi
Certified Copy: Certificate of Status:	\$30,00 (Optional) \$5,00 (Optional)

 $(\mathbf{r}_{i}, \ldots, \mathbf{r}_{i}) = (\mathbf{r}_{i}, \ldots, \mathbf{r}_{i}) = (\mathbf{r}_{i}, \ldots, \mathbf{r}_{i})$

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	:			
The name of the Lim	ited Liability Company	ISI		
COMPANHIA DO TYLE		···		
(Must c	contain the words "I imited I is	ability Company 21 T	C. Torriff (C.")	
ARTICLE II - Addr	ress:			
The mailing address a	and street address of the	e principal office	of the Limited Li	ability Company is:
Principal Office Add	dress:	Mailing Ac	ldress:	
8615 COMMODITY CII ORLANDO FL 32819	RCLE SUITE 11	8615 COMN ORLANDO I	ODITY CIRCLE SUFL 32819	JITE 11
_	XPAT CONSULTING CONSULT.	ame		
_	Florida street address (1		eceptable)	
0	RLANDO	F]. 32819	•	
	City		Zip	
liability compan registered agent and statutes relating to accept the oblig	d as registered agent any at the place designate d agree to act or this eag of the proper and compleations of my position as	d in this certificat pacity. I firther c etc performance of registered agent	e, Thereby accept igree to comply wi if my duties, and I as provided for in	the appointment as th the provisions of all 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>	Name and Address:		
"AMBR" - Authorized Member			
"MGR" = Manager			
AMBR	MAYANA CARDOSO GUIMARAES		
	1130 WYCLIFFE WAY ST CLOUD 34771		
AMBR	THIAGO ANTTONIO GONCALVES		
	FERNANDES		
	1130 WYCLIFFE WAY ST CLOUD 34771		
			
	21.22		
(Use attachment if necessary)	1		
(vise attachment if necessary)	••		
	· ·		
	<u> </u>		
ICLE V: Other provisions, if any.	=		
	(C)		

REQUIRED SIGNATURE:

mayana C. Gumarais / gm

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.

MAYANA O GUIMARAES Thiags A G. F. errovde?

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)