122000393368

(Requestor's Name)
(Nequestor's Name)
(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

T. SCOTT, SEP 13 2022



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VALLE ANTAR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED 2022 AUG 29 AH 8: 5%





COVER LETTER

TO:	New Filing S Division of C				
		•			
SUBJ	ECT:	ONSULTING, LLC	sulting Florida Limi	ted Cor	npany)
			_		
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to:		
SILVI	OLIVEIRA				
		(Contact Person)		•	
DBSP	CONSULTING,	LLC		_	
		(Firm/Company)			
33 E C	AMINO REAL S	STE 710		_	
		(Address)			
BOCA	RATON, FL 334	432			
	(0	City, State and Zip Code)	·	•	
SILVIA	APIAN@GMAIL.	СОМ		_	
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther informati	on concerning this ma	tter, please call:		
SILVIA	OLIVEIRA		_at (<u>305</u>	393-5	5747
	(Name of Conta	ict Person)	(Area Code)	(Day	rtime Telephone Number)
		for the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I 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 <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.

DESIGN BUILD CONSULTING CORP	es of Conversion is:
(Enter Name of Other Business Entity)	,
2. The "Other Business Entity" is a CORPORATION	
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	n 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)
08/25/2018	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	cles of Organization:
DBSP 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 9 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 dat 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 apprais	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam			
The name of the Lir	nited Liability Company	ris:	
DBSP CONSULTING	i, LLC		
(Mus	t contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ado	iress:		
		e principal office of the Limited I	Liability Company is:
Principal Office A	ddress:	Mailing Address:	
33 E CAMINO REAL	STE 710	33 E CAMINO REAL STE 710)
BOCA RATON, FL 33	3432	BOCA RATON, FL 33432	
			
The name and the F	ctive Florida registration.) lorida street address of the SILVIA OLIVEIRA No	he registered agent are:	
	33 E CAMINO REAL STE	710	
	 	P.O. Box NOT acceptable)	
	BOCA RATON	FL ³³⁴³² Zip	
	City	Zip	
liability compa registered agent a statutes relating	any at the place designate and agree to act in this ca to the proper and comple igations of my position as	nd to accept service of process for a din this certificate, I hereby accept pacity. I further agree to comply wete performance of my duties, and a registered agent as provided for the secondary and the secondary and the secondary are a secondary as provided for the secondary and the secondary are a secondary as a second	ot the appointment as with the provisions of all I am familiar with and in Chapter 605, F.S.
	Highestel	ΛL	DIVISION OF TALL
	Registered Agent's S	Signature (REOUIRED)	

(CONTINUED)

Signed th	his <u>22</u> day of <u>AUGUST</u>	20_22
Signatu	re of Authorized Representative	of Limited Liability Company:
	e of Authorized Representative:	Diagostilli
Signatur	e of Authorized Representative:	Total Man
Printed N	Vame: SILVIA OLIVEIRA	Title: MGR
<u>Signatur</u>	re(s) on behalf of Other Business i	Entity: See below for required signature(s)
Signature	C: Signastili	
Printed N	Name SILVIA OLIVEIRA	Title: PRESIDENT
· · · · · · · · · · · · · · · · · · ·		
Signature	e:	
Printed N	Name:	Title:
Signature	e:	
Printed N	Name:	Title:
Signature	۵۰	
Printed N	Vame:	Title:
· · · · · · · · · · · · · · · · · · ·	valle.	
Signature	e:	
Printed N	Name:	Title:
Signature	e:	
Printed N	Name:	Title:
If Florid	la Corporation:	
~	e of Chairman, Vice Chairman, Dire	
If Directo	ors or Officers have not been selected	ed, an Incorporator must sign.
If Florid	la General Partnership or Limited	I I jahility Partnership
	e of one General Partner.	Liabinty 1 at thet sing.
O'B''G''		
If Florid	la Limited Partnership or Limited	Liability Limited Partnership:
Signature	es of ALL General Partners.	
All other		
Signature	e of an authorized person.	
Fees:		
٨	Articles of Conversion:	\$25.00
	Fees for Florida Articles of Organi	
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)

Α	RT	ΓŦ	CI		IL	7_
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The name and address of each person authorized to manage and control the Limited Liability Company:

HANCODH A J. 137 1	
"AMBR" = Authorized Member	
"MGR" = Manager	011111 01111111
MGR	SILVIA OLIVEIRA
	33 E CAMINO REAL STE 710
	BOCA RATON, FL 33432

Use attachment if necessary)	
•	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	tu
REQUIRED SIGNATURE: Signature of a member of a member of any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am award ument to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member of a member of any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)