L2300010024

(Requestor'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	



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COVER LETTER

TO:	New Filing Section Division of Corpor					
SHRI	ECT: MC CONSULT	TING AMERICAS L	LC.			
5050			ulting Florida Lim	ted Com	pany)	
		• • • • • • • • • • • • • • • • • • •	_		d fees are submitted to convert cordance with s. 605.1045, F.	
Please	e return all correspon	ndence concerning	g this matter to:			
PAUL	O ANDRES MARTINE	Z CLEVE\$		_		
	(Co	ontact Person)				
MC C	ONSULTING AMERIC	AS LLC				
_	(Fir	rm/Company)	,	_		
16251	GOLF CLUB RD APT	309				
		(Address)		-		
WEST	ON, FL 33326			_		
	(City, S	tate and Zip Code)				
info@r	mcconsultingamericas	.com		_		
Е-п	nail Address: (to be used	l for future annual re	port notifications)	_		
For fu	rther information co	ncerning this ma	tter, please call:			
PAULO	O ANDRES MARTINE	Z CLEVE\$	_at (121227	'26	
	(Name of Contact Pers	son)	(Area Code) (Day1	ime Telephone Number)	
	sed is a check for the s and drawn on a bar			orocess	ed by this office must be paya	ble in US
(\$25 fo & \$125	~	155.00 Filing Fees Certificate of	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Address: New Filing Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations		New F Division The Co 2415 N	Address: Gling Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	2029 J.34 - 3 1

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.

Statutes.	
1. The name of the "Other Business MC CONSULTING AMERICAS LLC	Entity" immediately prior to the filing of the Articles of Conversion is:
(Ente	r Name of Other Business Entity)
2. The "Other Business Entity" is a	LIMITED LIABILITY COMPANY (LLC)
(Enter entity type. Example	corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ited under the laws of
APRIL 27, 2021 on	
(date of organization, formation or inco	proration)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
MC CONSULTING AMERICAS LLC	
(Enter Name	f Florida Limited Liability Company)
4. If not effective on the date of fili	ng, enter the effective date:
(The effective date: Cannot be pri	or to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by Note: If the date inserted in this block doe document's effective date on the Departme	not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been a	approved in accordance with all applicable statutes.
	Entity" has agreed to pay any members having appraisal rights the amount to inder ss. 605,1006 and 605,1061-605,1072, F.S.
	202
	2023 J.A.
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	4
	1 pt 2 C

Signed this 29 day of DECE	MBER 20 22
Signature of Authorized Represent	tative of Limited Liability Company:
Signature of Authorized Representation Printed Name: PAULO ANDRES MART	ive: Joulo Andre Partuit (TINEZ CLEVES Tille: PRESIDENT)
Signature(s) on behalf of Other Busi	iness Entity: See below for required signature(s)
Signature: Joulo Audro	Parteux Ci
Printed Name: PAULO ANDRES MART	TINEZ CLEVES Title: PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman If Directors or Officers have not been	
If Florida General Partnership or L Signature of one General Partner.	imited Liability Partnership;
If Florida Limited Partnership or Li Signatures of ALL General Partners.	imited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	,
Articles of Conversion: Fees for Florida Articles of O Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

2023 JAH - 3 PH 2: 25

m	
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR /PRESIDENT	PAULO ANDRES AMRTINEZ CLEVES
AWDN /FRESIDENS	16251 GOLF CLUB RD APT 309
	WESTON, FL 33326
	
·	
(Use attachment if necessary) [CLE V: Other provisions, if any.	~\
	NA
REQUIRED SIGNATURE:	1. 1 No. 1
/ DAMO ZO	dren fortille
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 laise information submitted in a docu as provided for in s.817.1\$5, F.S.	ment to the Department of State constitutes a third degree felony
·	
PAULO ANDRES MARTINEZ CLEV	<u> </u>
Ту	ped or printed name of signee
	Filing Fees
	of Organization and Designation of Registered Age
\$125.00 Filing Fee for Articles (\$ 30.00 Certified Copy (Option	

ARTICLE IV-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Liability Company is:		
MC CONSULTING AMERI	ÇAS LLC		
(Must conta	in the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address			
The mailing address and	street address of the pri	ncipal office of the Limited	Liability Company is:
Principal Office Addres	5 <u>5:</u>	Mailing Address:	
16251 GOLF CLUB RD ST	E 309	16251 GOLF CLUB RD STE	E 309
WESTON, FL 33326		WESTON, FL 33326	
			
ARTICLE III - Registe (The Limited Liability Company business entity with an active FI	cannot serve as its own Registe	Office, & Registered Ager red Agent. You must designate an in	nt's Signature: idividual or another
The name and the Florida	a street address of the re	gistered agent are:	
PAUL	O ANDRES MARTINEZ	CLEVES	
	Name		
1625 ⁻	GOLF CLUB RD STE 30	9	
Flor	ida street address (P.O.	Box NOT acceptable)	
WEST	LON	FL 33326	
	City	Zip	
liability company at registered agent and ag statutes relating to the	the place designated in gree to act in this capacit proper and complete p	accept service of process for this certificate, I hereby according. I further agree to comply erformance of my duties, and istered agent as provided for	ept the appointment as with the provisions of all d I am familiar with and
R	egistered Agent's Signa	nture (REQUIRED)	2023
	(CONTINU	J ED)	2. 2

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MCCONSULTING AMERICAS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 27, 2021, and was in existence or authorized to transact business in the State of Indiana on December 29, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis December 29, 2022

tolli Sullian

HOLLI SULLIVAN SECRETARY OF STATE

TATE 2

202104271484601 / 20222933915

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on January 28, 2023.

State of Indiana Office of the Secretary of State

Certified Copies

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 3 page document consisting of the following records filed in this office:

Certification Date:

December 26, 2022

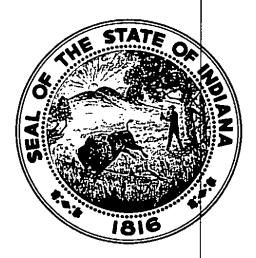
Business Name:

MCCONSULTING AMERICAS LLC

Business ID:

202104271484601

Transaction	Date Filed	No. of pages
Articles of Organization	04/27/2021	3
	Total No. of pages	3



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the Oty of Indianapolis, December 26, 2022

olli Sullian

HOLLI SULLIVAN SECRETARY OF STATE

2021042714846017/715274931

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on January 25, 2023.

State of Indiana Office of the Secretary of State

Certificate of Organization of

MCOONSULTING AMERICAS LLC

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEFEFORE, with this document I certify that said transaction will become effective Tuesday, April 27, 2021.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 27, 2021.

HOLLI SULLIVAN
SECRETARY OF STATE

202104271484601 / 8992712

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch

APPROVED AND FILED

HOLLI SULLIVAN INDIANA SECRETARY OF STATE 04/27/2021 08:38 AM

ARTICLES OF ORGANIZATION at

Formed pursuant to the provisions of the Indiana Code.

ARTICLE I NAME AND PRINCIPAL OFFICE ADDRESS?

BUSINESS ID

202104271484601

BUSINESS TYPE

Domestic Limited Liability Company

BUSINESS NAME

MC CONSULTING AMERICAS LLC

PRINCIPAL OFFICE ADDRESS

610 W Poplar St, Suite 17, Zionsville, IN, 46077, USA

ARTICLE II. REGISTERED OFFICE AND ADDRESS

REGISTERED AGENT TYPE

Individual

NAME

Paulo Andres Martinez

ADDRESS

610 W Poplar St, Suite 17, Zionsville, IN, 46077, USA

SERVICE OF PROCESS EMAIL

info@mcconsultingamericas.com

Lacknowledge that the Service of Process email provided above is the email address at which electronic service of process may be accepted.

ARTICLE III PERIOD OF DURATION AND EFFECTIVE DATE

PERIOD OF DURATION

Perpetual

EFFECTIVE DATE

04/27/2021

EFFECTIVE TIME

12:07AM

ARTIGUE IV. PRINCIPAL(S)

TITLE

President

NAME

Paulo Andres Martinez

ADDRESS

610 W Poplar St, Suite 17, Zionsville, IN, 46077, USA

MANAGEMENT INFORMATION

THE LLC WILL BE MANAGED BY MANAGER(S).

No

IS THE LLC A SINGLE MEMBER LLC?

Yes

JAN -3 PH 2:

APPROVED AND FILED

HOLLI SULLIVAN INDIANA SECRETARY OF STATE 04/27/2021 08:38 AM

SIGNATURE

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE UNDERSIGNED, DESIRING TO FORM A LIMITED LIABILITY COMPANY PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT EXECUTES THESE ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY April 27, 2021.

SIGNATURE

Paulo Andres Martinez

TITLE

Member

Business ID: 202104271484601

Filing No: 8992712

2023 JAN - 3 PH 2: 25

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