La3000 478130

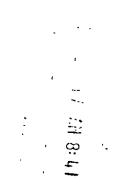
| ı | | | | | |
|---|--|--|--|--|--|
| (Requestor's Name) | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| (613) 616.1672 1611 116116 117 | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



700416921807

10/17/23--01022--009 **150.00



11

COVER LETTER

| TO: | New Filing S Division of C | | | | | | |
|----------------------|--|---|---------------|--------------------------------|-----------------------|---|-----------|
| SUBJ | ECT: FERREII | RA&CASTRO SERVICE | LLC | | | | |
| 5626 | | (Name of Res | | | mited Co | mpany) | |
| | | | | | | nd fees are submitted to convert accordance with s. 605.1045, F. | |
| Please | return all corr | espondence concernin | g thi | is matter to |) : | | |
| LEON | ARDO CASTRO | | | | | | |
| | - | (Contact Person) | | ••• | | | |
| FERR | EIRA&CASTRO | SERVICE LLC | | | | | |
| | | (Firm/Company) | - | - | | | |
| 7450 L | JNIVERSAL BLV | /D UNIT 4303 | | | | | |
| | | (Address) | | | | | |
| ORLA | NDO, FL, 32819 | | | | | | |
| | ((| City, State and Zip Code) | | | _ | | |
| LEON | ARDOPDECAST | RO@GMAIL.COM | | | | | |
| E-m | ail Address: (to b | e used for future annual re | port r | notifications |) | | |
| For fu | rther information | on concerning this ma | tter, | please cal | l; | | |
| LEON | ARDO CASTRO | | at | (407 | \ ⁴⁵⁹⁻ | 5763 | |
| | (Name of Conta | ct Person) | ^{ut} | (Area Cod | le) (Day | vtime Telephone Number) | |
| | | or the following amou a bank located in the | | | proces. | sed by this office must be payal | ole in US |
| (\$25 for & \$125 | 0.00 Filing Fees Conversion for Articles nization) | □\$155.00 Filing Fees and Certificate of Status | | \$180.00 Fili d Certified C | _ | ☐\$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 Divis The C | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 | . H 8: 41 |

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: FERREIRA&CASTRO SERVICE INC |
|--|
| (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) |
| 09/20/2022 on |
| on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| FERREIRA&CASTRO SERVICE 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 t | his <u>10TH</u> | day of OCTOBER | 20 <u>~23</u> | |
|------------------------|--|---|--|---------|
| <u>Signatu</u> | re of Authori | zed Representative of Li | nited Liability Company: | |
| Signatur Printed N | e of Authorize Name: LEONAR | ed Representative: | Title: AMBR | |
| Signatui | re(s) on behalf | of Other Business Entity | : [See below for required signature | (s)] |
| Signature Printed N | e: Name: LEOWAR | DO CASTRO | Title: PRESIDENT | |
| Signatur Printed N | e: XUVIU Name(RUBERF | CL LANIA FERREIRA | Title: VICE PRESIDENT | |
| | - | | Title: | <u></u> |
| Signature | e: | | | |
| | | | Title: Title: | |
| | | | | |
| Printed N | Name: | | Title: | |
| Signature | | 1: Vice Chairman, Director, of have not been selected, an | | |
| | a General Par e of one General | tnership or Limited Liab al Partner. | vility Partnership: | |
| | a Limited Pares of ALL Gen | | ility Limited Partnership: | |
| All other Signature | rs: c of an authoriz | zed person. | | |
| Fees: | | | | |
| F | Articles of Confees for Florida Certified Copy: Certificate of S | Articles of Organization | \$25.00 : \$125.00 \$30.00 (Optional) \$5.00 (Optional) | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Δ | рT | ICL | F | Ι_ | Na | me |
|------------------|----|-----|-----|----|-------|-----|
| \boldsymbol{H} | ĸц | IL. | 4E4 | _ | 1 7 2 | me. |

The name of the Limited Liability Company is:

FERREIRA&CASTRO SERVICE LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: | | |
|---------------------------|---------------------|--|--|
| 7450 UNIVERSAL BLVD | 7450 UNIVERSAL BLVD | | |
| UNIT 4303 | UNIT 4303 | | |
| ORLANDO, FL, 32819 | ORLANDO, FL, 32819 | | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| LEONARDO CASTRO |) |
|----------------------|-------------------------------------|
| | Name |
| 7450 UNIVERSAL BL | VD UNIT 4303 |
| Florida street addre | ss (P.O. Box <u>NOT</u> acceptable) |
| ORLANDO | FL ³²⁸¹⁹ |
| City | Zip |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(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 | LEONARDO CASTRO |
| | 7450 UNIVERSAL BLVD UNIT 4303 |
| | ORLANDO, FL, 32819 |
| AMBR | RUBERFLANIA FERREIRA |
| | 7450 UNIVERSAL BLVD UNIT 4303 |
| | ORLANDO, FL, 32819 |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (Ose attachment if necessary) | |
| | |
| CLE V: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| | |
| This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felor |
| LEONARDO CASTRO | |
| Ту | ped 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)