# L24000041768

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| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (230//030 2.101)                        |
| (Document Number)                       |
| (Document Number)                       |
| Codification of Code                    |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| ;<br>Office Use Only                    |
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K. Brumbley

#### **COVER LETTER**

| TO: New Filing Sect<br>Division of Corp          |  |                               |                             |  |
|--|--|-------------------------------|-----------------------------|--|
| SUBJECT: GK HOLDIN                               | NG PARTICIPACOES                               | LLC                           |                             |  |
| 500000   | (Name of Res                                   | ulting Florida Lir            | nited Con                   | npany)   |
|  |  |                               |                             | d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Please return all corresp                        | ondence concerning                             | g this matter to              | :                           |  |
| CAROLINE LARSON                                  |  |                               |                             |  |
| (Contact Person)                                 |  |                               |                             |  |
| LARSON ACCOUTING GROUP                           |  |                               |                             |  |
| •  | (Firm/Company)                                 |                               |                             |  |
| 7901 KINGSPOINT PKW                              | Y SUITE 17                                     |                               | _                           |  |
|  | (Address)                                      |                               |                             |  |
| ORLANDO, FL 32835                                |  |                               |                             |  |
| (City  | v. State and Zip Code)                         |                               | _                           |  |
| ASSISTANT.FLAVIANE                               |  |                               |                             |  |
| E-mail Address: (to be u                         | sed for future annual rep                      | ort notifications)            |                             |  |
| For further information                          | concerning this mat                            | ter, please call              | :                           |  |
| FLAVIANE BARROS                                  |  | _at (                         | 370-0                       | 3686   |
| (Name of Contact I                               | Person)  |                               | e) (Day                     | time Telephone Number)   |
| Enclosed is a check for dollars and drawn on a l |  |                               | process                     | sed by this office must be payable in US                                   |
| (\$25 for Conversion ar                          | 3\$155.00 Filing Fees and Certificate of tatus | S180.00 Filin and Certified C |                             | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status           |
| Mailing Address:                                 |  |                               | Street                      | : Address:   |
| New Filing Sect                                  |  |                               | New I                       | Filing Section   |
|  |  |                               |                             | on of Corporations<br>entre of Tallahassee                                 |
|  |  |                               | N. Monroe Street, Suite 810 |  |

Tallahassee, FL 32303

1.0

### **Articles of Conversion**

For

# "Other Business Entity"

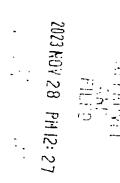
Into

## 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: GK HOLDING PARTICIPACOES LLC  |
|--|
| (Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" is a (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)  |
| (Enter state, or it'a non-U.S. entity, the name of the country)  |
| February , 11, 2016  (date of organization, formation or incorporation)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| GK HOLDING PARTICIPACOES 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 19 day of January   | 2024   |
|---|--|
| Signature of Authorized Representative of Lim   | ited Liability Company:  |
| Signature of Authorized Representative: Gabri Printed Name: GABRIEL TAVARES RANGEL FILHO  | el Tayaros Rangel Filho Title: MGR                             |
| Signature(s) on behalf of Other Business Entity:  | [See below for required signature(s)]                          |
| Signature of Authorized Representative: Gabrie Printed Name: GABRIEL TAVARES RANGEL FILHO   | el Taylarce Rangel Filho Tille: MGR                            |
| Signature:  |  |
| Signature:Printed Name:   | _ Title:   |
| Signature:  |  |
| Printed Name:   | Title:   |
| Signature   |  |
| Signature:Printed Name:   | Title:   |
|   |  |
| Signature: Printed Name:  | Tista  |
| Timed Name.   | 1 ide:   |
| Signature:  |  |
| Signature:Printed Name:   | Title:   |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In | corporator must sign.  |
| <u>If Florida General Partnership or Limited Liabili</u><br>Signature of one General Partner.                                     | ty Partnership:  |
| Signature of one General Partner.   |  |
| <u>If Florida Limited Partnership or Limited Liabili</u><br>Signatures of <u>ALL</u> General Partners.                            | ty Limited Partnership:  |
| All others:<br>Signature of an authorized person.   |  |
| Fees:   |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:                         | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| GK HOLDING                | PARTICIPACOES LLC   | ·  |
|---------------------------|---|--|
|                           | (Must contain the words "Limite   | ed Liability Company, "L.E.C.," or "LLC.")   |
| ARTICLE II The mailing a  | - Address:<br>ddress and street address (   | of the principal office of the Limited Liability Company is:   |
| Principal Office Address: |   | Mailing Address:   |
| 9002 PINNACLE CIR         |   | 9002 PINNACLE CIR  |
| WINDERMER                 |   | WINDERMERE, FL 34786   |
| ŕ                         | ith an active Florida registration.)<br>the Florida street address                    | own Registered Agent. You must designate an individual or another soft the registered agent are:         |
| ŕ                         | the Florida street address  | s of the registered agent are:   |
| ŕ                         |   | s of the registered agent are:   |
| ŕ                         | the Florida street address  | s of the registered agent are:  ING GROUP  Name  |
| ŕ                         | the Florida street address  LARSON ACCOUNT  7901 KINGSPOINT F                         | s of the registered agent are:  ING GROUP  Name  |
| ŕ                         | the Florida street address  LARSON ACCOUNT  7901 KINGSPOINT F                         | S of the registered agent are:  SING GROUP  Name  PKWY SUITE 17  ess (P.O. Box NOT acceptable)  FL 32835 |
| ŕ                         | the Florida street address  LARSON ACCOUNT  7901 KINGSPOINT F  Florida street address | S of the registered agent are:  SING GROUP  Name  PKWY SUITE 17  ess (P.O. Box NOT acceptable)           |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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                               | GABRIEL TAVARES RANGEL FILHO             |  |  |
|                                    | 9002 PINNACLE CIR                        |  |  |
|                                    | WINDERMERE, FL 34786                     |  |  |
| AMBR                               | LUCAS TAVARES BATISTA RANGEL             |  |  |
|                                    | 9002 PINNACLE CIR                        |  |  |
|                                    | WINDERMERE, FL 34786                     |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
| (Use attachment if necessary)      |  |  |  |
| (one dimension in necessary)       |  |  |  |
| TICLE V: Other provisions, if any. |  |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
| REQUIRED SIGNATURE:                |  |  |  |
| Grabatil Tula                      | ces kangel Fillio                        |  |  |
|                                    |  |  |  |
|                                    |  |  |  |
| Signature of a member or           | an authorized representative of a member |  |  |

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)

GABRIEL TAVARES RANGEL FILHO