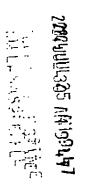
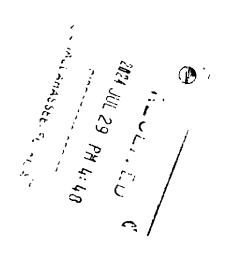


| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only







FLORIDA.CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

| PLEASE USE FUNDS FROM THIS A AUTHORIZATION SIGNATURE: | A . D | 0.00 | |
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| Gomes Solution Corp | om pro | | |
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| Annual Report | Foreign Filing | | |
| Fictitious Name | Limited Partnership Reinstatement Trademark | | |
| APOSTIL () | Other | | |
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EXAMINER'S INITIALS:_____

FLORIDA-CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

| PLEASE USE FUNDS FROM THIS ACAUTHORIZATION SIGNATURE: | |).00 | | | | | |
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| Domestication | Dissolution/Withdr | awal | | | | | |
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EXAMINER'S INITIALS:_____

COVER LETTER

| TO: | New Filing S Division of C | | | | | | | |
|--------------------------------------|---|---|---------|------------------------------------|--------------------|--|--------------|---------------------|
| SUB | JECT: GOMES | SOLUTIONS CORP | | | | | | |
| 000 | | (Name of Res | sulting | g Florida Limi | ed Con | npany) | | |
| | | | | _ | | nd fees are submitted to eccordance with s. 605 | | "Other |
| Pleas | se return all corr | espondence concernin | g thi | s matter to: | | | | |
| | | (Contact Person) | | | - | | - | 2021 |
| RS ACCOUNTING AND TAX SERVICES INC | | | | | | | | 14:6 U.Y 62 TOF 434 |
| (Firm/Company) | | | | | - | | | 2.5 |
| 10 F | AIRWAY DRIVE | STE 306 | | | _ | | | |
| | | (Address) | | | | | • • | <u>ئىد</u> س |
| DEE | RFIELD BEACH I | FL 33441 | | | _ | | | |
| | | City. State and Zip Code) | <u></u> | | - | | ۱۳۱ | ~ |
| | rsaccountingtax | | | | _ | | | |
| E | -mail Address: (to b | e used for future annual re | port r | otifications) | | | | |
| For f | further informati | on concerning this ma | tter, | please call: | | | | |
| ROD | RIGO P SILVA | | at | (954 | _\ 623-՝ | 7615 | | |
| (Name of Contact Person) (Area Code) | | | | | | ytime Telephone Number) | | |
| | | for the following amou a bank located in the | • | - | roces | sed by this office mus | t be payable | in US |
| (\$25) & \$10 | 50.00 Filing Fees for Conversion 25 for Articles ganization) | □\$155.00 Filing Fees and Certificate of Status | | \$180.00 Filing I Certified Cop | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | | |
| | Mailing Add New Filing S Division of C P.O. Box 632 | ection Corporations | | | New Divis | Filing Section ion of Corporations Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: GOMES SOLUTIONS CORP |
|---|
| (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 |
| 10 |
| 10/07/2021 |
| on (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| GOMES SOLUTIONS 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.

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nam | | | | |
|--|---|-------------------------------------|----------------------------------|--|
| The name of the Lit | nited Liability Company | is: | | |
| | | | | |
| GOMES SOLUTION | | | | |
| (Mus | t contain the words "Limited Lia | bility Company, "L.L.C.," or "LLC." |) | |
| ARTICLE II - Add | dress: | | | |
| | | principal office of the Limi | ited Liability Company is: | |
| Principal Office A | ddress: | Mailing Address: | | |
| Timeipar Office A | duress. | Manning Haddi 4551 | | |
| 7700 TATUM WATE | | 7700 TATUM WATERW | | |
| MIAMI BEACH, FL 3 | 3141 | MIAM BEACH FL 33141 | | |
| (The Limited Liability Co business entity with an a | mpany cannot serve as its own Rective Florida registration.) lorida street address of the EDUARDO HENRIQUES Na 7700 TATUM WATERWAY | GOMES | an individual or another | |
| | City | FL Zip | | |
| | | | Contract of the second the state | |

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)

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|---|---|---|---|--------------|----|---|-----|---|
| Δ | к | | Ŧ | \mathbf{C} | H | • | v | _ |
| | | | | | | | | |

The name and address of each person authorized to manage and control the Limited Liability Company:

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager MGR | EDUARDO HENRIQUES GOMES 7700 TATUM WATERWAY DR APT 403 MIAMI BEACH, FL 33141 |
| MGR | GLAUCE DE OLIVEIRA 7700 TATUM WATERWAY DR APT 403 MIAMI BEACH, FL 33141 |
| | 2772: Jul 2 |
| | 29 |
| (Use attachment if necessary) | |
| ARTICLE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | LEID LOUES DOMES |
| CULNRUU 91 | CNRAQUES GOMES |

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.

EDUARDO HENRIQUES GOMES

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)