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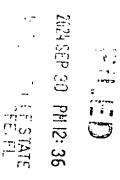
(Re	questor's Name)	<del>,</del>		
(Address)				
bA)	dress)	<u></u>		
(Cit	y/State/Zip/Phone	e #)		
☐ SICK-NS	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
	wa	4000130866		

Office Use Only



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# COVER LETTER

TO: New Filing Se Division of C				
SUBJECT: BRITTO	BEST SERVICES LLC			
	(Name of Res	sulting Florida Limit	ed Cor	npany)
		_		nd fees are submitted to convert an "Other accordance with s. 605,1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Jessica diringer				
	(Contact Person)			
WEEXY ACOCUNTIN	G			
	(Firm/Company)			
1878 Thetford Cir				
	(Address)			
Orlando, FL 32824				
((	City, State and Zip Code)			
info@weexyaccounting	g.com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
JESSICA		_at (	818-	3682
(Name of Conta	ct Person)	(Area Code)	(Day	ctime Telephone Number)
	or the following amou a bank located in the	•	roces:	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$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	ress:		Stree	t Address:
New Filing So	ection		New	Filing Section
Division of C	-			ion of Corporations
P.O. Box 632				Centre of Tallahassee
Tallahassee, I	*1. J_J  14		<b>∠+</b> 13	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.

(Enter Name of Other Business Entity)	<b>_</b> ·
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership, general partnership, communication)	
First organized, formed or incorporated under the laws of	e name of the country)
02/07/2024 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art	icles of Organization:
BRITTO BEST SERVICES LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	_,
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 effective date: Cannot be prior to date of receipt or filed date nor more than 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	•

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
BRITTO BEST SERVICES LLC	
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "ELC.")
ARTICLE II - Address: The mailing address and street address of the Principal Office Address:	ne principal office of the Limited Liability Company is  Mailing Address:
7901 BAYMEADOWS CIR - BL 71 #564	7901 BAYMEADOWS CIR - BL 71 #564
JACKSONVILLE, FL 32256	JACKSONVILLE. FL 32256
ARTICLE III - Registered Agent, Register	ered Office, & Registered Agent's Signature:

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

business entity with an active Florida registration.)

WEEXY SOLUTIONS LLC			) [] []	
Na	me		SEP	3 S
1878 THETFOR CIR			ಎ	* MRT
Florida street address (P	.O. Box NOT acceptable)	, c)	Н	j <b>i</b> ij
ORLANDO	FL <sup>32824</sup>	E. F.	12:	المصيدة
City	Zip	T.E	36	

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

Title:	Name and Address:				
"AMBR" = Authorized Member "MGR" = Manager					
AMBR	LIDIANE DE BRITTO 7901 BAYMEADOWS CIR - BL 71 #564				
	JACKSONVILLE, FL 32256				
AMBR	GILBERTO DE BRITTO				
<del></del>	7901 BAYMEADOWS CIR - BL 71 #564				
	JACKSONVILLE, FL 32256				
	2024 SEP				
	<u></u>				
(Use attachment if necessary)	30 PM 12: 36				
(Ose attachment if ficessary)	F ST F ST.				
	AIE				
RTICLE V: Other provisions, if any.					
REQUIRED SIGNATURE:					
<u> </u>					
	<b></b>				

Typed or printed name of signee LIDIANE DE BRITTO

as provided for in s.817.155, F.S.

### **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)