

PI1000080149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

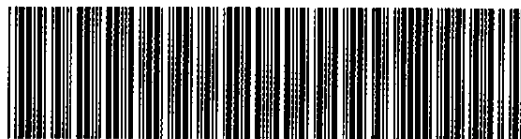
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800211766828

09/09/11--01003--018 **122.50

EFFECTIVE DATE
2-16-10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP -9 PM 2:33

FILED

C. LEWIS
SEP 12 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL BEE REMOVAL, INC.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

MARIA M. CALDAS-LOPES
Contact Person

MADE IN BRAZIL SERVICES
Firm/Company

P.O. BOX 7083
Address

FORT MYERS, FLORIDA 33911-7083
City, State and Zip Code

MADEINBRAZILSERVICES@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA M. CALDAS-LOPES at (239) 810-6079
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED

2011 SEP -9 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity" into a Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

PROFESSIONAL BEE REMOVAL, LLC

1100000017488

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
~~LIMITED PARTNERSHIP GENERAL PARTNERSHIP~~
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA/USA
(Enter state, or if a non-U.S. entity, the name of the country)

on 2-16-2010
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

FLORIDA/USA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

PROFESSIONAL BEE REMOVAL, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 31 day of AUGUST, 20 11.

Required Signature for Florida Profit Corporation:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: NINOVAN DOS SANTOS Title: PSTD

Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: _____
Printed Name: NINOVAN DOS SANTOS Title: PSTD

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP - 9 PM 12:33

FILED

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **PROFESSIONAL BEE REMOVAL, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2366 E. MALL DRIVE APT.# 205
FORT MYERS, FLORIDA 33901

Mailing address, if different is:

N/A
N/A
N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NINOVAN DOS SANTOS (PSTD)

Address: 2366 E. MALL DRIVE

APT.# 205

FORT MYERS, FL 33901

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria M. Caldas-Lopes

Address: 5113 29TH STREET S.W.

LEHIGH ACRES, FLORIDA 33973

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NINOVAN DOS SANTOS

Address: 2366 E. MALL DRIVE APT.# 205

FORT MYERS, FLORIDA 33901

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature Registered Agent

08/31/2011

Date

I submit this document and affirm that the facts stated herein are true. 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.

Required Signature Incorporator

08/31/2011

Date

2011 SEP -9 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED