P13000074769

(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



000251246290

09/09/13--01029--023 **105.00

13 9FP -9 AH II 08

aliz 90

COVER LETTER

TO: Charter Section **Division of Corporations** BRAPAR USA, LLC 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: **ALVARO CASTILLO** Contact Person **CASTILLO & ASSOCIATES** Firm/Company 1390 BRICKELL AVENUE, SUITE 200 Address MIAMI, FLORIDA 33131 City, State and Zip Code alvaro@alvarocastillopa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 371-5540
Area Code and Daytime Telephone Number Alvaro Castillo Name of Contact Person Enclosed is a check for the following amount: \$113.75 Filing Fees □\$122.50 Filing Fees, **\$105.00** Filing Fees □\$113.75 Filing Fees and Certified Copy Certified Copy, and and Certificate of Status Certificate of Status

STREET ADDRESS:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:

BRAPAR USA, LLC 13000035231 Enter Name of Other Business Entity 2. The "Other Business Entity" is a Limited Liability Company (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 (Enter state, or if a non-U.S. entity, the name of the country) on_03/07/2013 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: 4. The name of the Florida Profit Corporation as set forth in the attached Articles of **Incorporation:** BRAPAR USA, CORP. 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.)

Signed this <u>4</u>	th day of September	, 20 <u>13</u>
Required Sig	gnature for Florida Profit Corporat	tion:
-		
Signature of	Chairman, Vice Chairman Director, (l, an Incorporator:	Officer, or, if Directors or Officers have no
Printed Name	e: Nestor J. Consulich Title:	Director
	<u>mature(s) on behalf of Other Busines</u>	s Entity: See below for required
signature(s).]		
Signature:	Grown)	
Printed Mame	Nestor J. Consulich	Title: Manager
ĺ		
Signature:		
Printed Name	<u> </u>	Title:
Cianatara		
orgnature:	··	Title:
Timed Name	*	
Signature:		
Printed Name	:	Title:
Signature:		Title:
Printed Name	· <u> </u>	Title:
Sianatura		
Printed Name		
	eneral Partnership or Limited Liabili	ty Partnership:
Signature of o	one General Partner.	
		A V C A I The According
	<u>mited Partnership or Limited Liabili</u> ALL General Partners.	ty Limited Partnersnip:
orginatures or	ALL General Faithers.	
lf Florida Li	mited Liability Company:	;
	Member or Authorized Representative	.
		Ţ
All others:	. diserve al conse	e. g
signature of a	an authorized person.	
Fees:		\$35.00 \ \$70.00
	ficate of Conversion:	\$35.00
	for Florida Articles of Incorporation:	\$70.00
	fied Copy:	\$8.75 (Optional)
	ficate of Status:	\$8.75 (Optional)
		• •

Page 2 of 2

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

he principal p	place of business/mailing address is:		
	Principal street address	Mailing address, if di	ifferent is:
1390 BRIG	CKELL AVENUE, SUITE 200	1390 BRICKELL AVENUE,	SUITE 200
MIAMI, I	FLORIDA 33131	MIAMI, FLORIDA 33	3131
ARTICLE II The purpose f	T PURPOSE for which the corporation is organized is:		
ARTICLE IN the number of ARTICLE A	SHARES 1,000 Shares of stock is: 1,000	ECTORS	
Name and Tit	Nestor I Cosulich Director	Name and Title:	13 Eff
	Nestor I Cosulich Director	Name and Title: Address:	13 SE -9
	Nestor J. Cosulich, Director		13 SEP -9 AA
Address:	Nestor J. Cosulich, Director 1390 Brickell Avenue, Suite 200 Miami, FL 33131		57
Address: Name and Tit	Nestor J. Cosulich, Director 1390 Brickell Avenue, Suite 200	Address:	58
Address: Name and Tit Address:	Nestor J. Cosulich, Director 1390 Brickell Avenue, Suite 200 Miami, FL 33131	Address: Name and Title:	57
Address: Name and Tit Address: Name and Tit	Nestor J. Cosulich, Director 1390 Brickell Avenue, Suite 200 Miami, FL 33131	Address: Name and Title: Address:	57
Address: Name and Tit Address: Name and Tit	Nestor J. Cosulich, Director 1390 Brickell Avenue, Suite 200 Miami, FL 33131	Address: Name and Title: Address: Name and Title:	57
Address: Name and Tit Address: Name and Tit Address:	Nestor J. Cosulich, Director 1390 Brickell Avenue, Suite 200 Miami, FL 33131 le: REGISTERED AGENT	Address: Name and Title: Address: Name and Title: Address:	57
Address: Name and Tit Address: Name and Tit Address: ARTICLE V The name and	Nestor J. Cosulich, Director 1390 Brickell Avenue, Suite 200 Miami, FL 33131 le: REGISTERED AGENT I Florida street address (P.O. Box NOT acce	Address: Name and Title: Address: Name and Title: Address:	57
Address: Name and Tit Address: ARTICLE V The name and Name:	Nestor J. Cosulich, Director 1390 Brickell Avenue, Suite 200 Miami, FL 33131 le: REGISTERED AGENT	Address: Name and Title: Address: Name and Title: Address:	57

The name	and address of the Incorporator is:	
Name:	Nestor J. Cosulich	
Address:	1390 Brickell Avenue, Suite 200	
	Miami, FL 33131	
******	************	***********************************
		vice of process for the above stated corporation at the place ept the appointment as registered agent and agree to act in this
	/bl/8	9/6/13
	Required Signature/Registered Agent	Date
		ed herein are true. I am aware that any false information stitutes a third degree felony as provided for in s.817.155, F.S. 9-6-15 Date
//	redution distinguishment bounds	2000

13 9EP -9 AH III: 08