

P/S 000 033 302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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15 APR -8 PM 3:02
FBI STAFF
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.
U.S. DEPARTMENT OF JUSTICE

1/12/15/16

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: CCGR INVESTMENTS 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:

ANDREA WOODARD

Contact Person

ABK CORP

Firm/Company

3300 S HIAWASSEE RD STE 106

Address

ORLANDO, FL 32835

City, State and Zip Code

OPERATIONS@ABKCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA WOODARD at (407) 898-1757

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☒ \$113.75 Filing Fees
and Certificate of
Status

☐ \$115.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

New Filings 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 **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:

CCGR INVESTMENTS LLC

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 **03/03/2015**
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

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

CCGR INVESTMENTS 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 02 day of APRIL, 2015.

Required Signature for Florida Profit Corporation:

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

Printed Name: DE SOUZA JUNIOR, GIOVANI F Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: DE SOUZA JUNIOR, GIOVANI F Title: AMBR

Signature: _____

Printed Name: RIBEIRO DE SOUZA, CRISTIANE D Title: AMBR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

FILED
15 APR -8 PM 3:03
TALLAHASSEE, FLORIDA

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: CCGR INVESTMENTS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

7009 DR PHILLIPS BLVD STE 260
ORLANDO, FL 32819

7009 DR PHILLIPS BLVD STE 260
ORLANDO, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE INITIAL PURPOSE OF THIS CORPORATION IS PROPERTY INVESTMENTS
AND ALL BUSINESS UNDER THE LAW OF THE STATE OF FLORIDA
AND THE UNITED STATES OF AMERICA.

ARTICLE IV SHARES 10.000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DE SOUZA JUNIOR, GIOVANI F - PRESIDENT

Name and Title: RIBEIRO DE SOUZA, CRISTIANE D - VICE-PRESIDENT

Address: RUA DOS TRES IRMAOS 683 APT 61
SAO PAULO, SP 05615-190 BR

Address: RUA DOS TRES IRMAOS 683 APT 61
SAO PAULO, SP 05615-190 BR

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DE SOUZA JUNIOR, GIOVANI F

Address: 7009 DR PHILLIPS BLVD STE 260
ORLANDO, FL 32819

ARTICLE VII INCORPORATOR

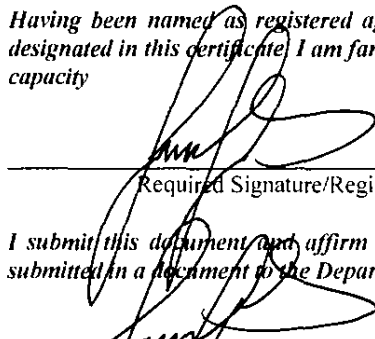
The **name and address** of the Incorporator is:

Name: DE SOUZA JUNIOR, GIOVANI F

Address: 7009 DR PHILLIPS BLVD STE 260

ORLANDO, FL 32819

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

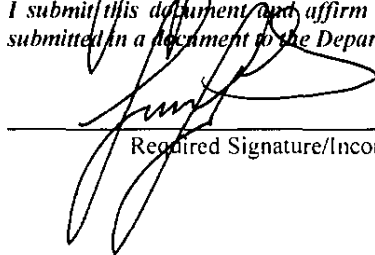


Required Signature/Registered Agent

4/2/15

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

4/2/15

Date