

P160000021172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

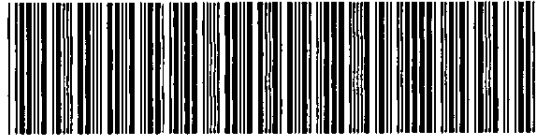
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900283065139

RECEIVED  
STATE DEPT OF CORP  
MAR 8 2016

16 MAR -8 AM 10:52  
NOT INTENDED  
TO BE FILED  
SUFFICIENCY OF FILING

FILED  
16 MAR -8 ... 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 08 2016

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 047758 4336650

AUTHORIZATION :

COST LIMIT : \$105.00

ORDER DATE : March 7, 2016

ORDER TIME : 8:34 AM

ORDER NO. : 047758-005

CUSTOMER NO: 4336650

DOMESTIC CONVERSION FILING

NAME: BELFORT INVESTMENTS LIMITED

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**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:

BELFORT INVESTMENTS LIMITED

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 BRITISH VIRGIN ISLANDS  
(Enter state, or if a non-U.S. entity, the name of the country)

on JULY 15, 1986

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**:

BELFORT INVESTMENTS FLORIDA 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.)

**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.

FILED  
16 MAR -8 ... 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 20th day of January, 2016.

**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: Karen Marshall Title: Director, Invisio Worldwide Ltd

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

Signature: \_\_\_\_\_

Printed Name: Karen Marshall Title: Director, Invisio Worldwide Ltd

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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.

**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)

FILED  
16 MAR -8 1:57  
SECRETARY OF STATE  
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: BELFORT INVESTMENTS FLORIDA INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
LEVEL 3, 18 STANLEY STREET

AUCKLAND CENTRAL

AUCKLAND 1010 NZ

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 50,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Invigo Worldwide Limited, Director

Address: COMMERCE CHAMBERS, PO BOX 2208  
ROAD TOWN, TORTOLA, - BVI -

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
16 MAR - 8 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: CORPORATION SERVICE COMPANY  
Address: 1201 HAYS STREET  
TALLAHASSEE, FL 32301


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: CECILIA HASSAN  
Address: 1111 BRICKELL AVENUE, STE 1700  
MIAMI, FL 33131

\*\*\*\*\*

*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*

 Linda Snook  
Required Signature/Registered Agent Assistant VP  
Date 1/20/16

*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  
Date 2/9/16

FILED  
16 MAR -8 ... 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA