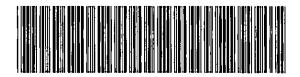
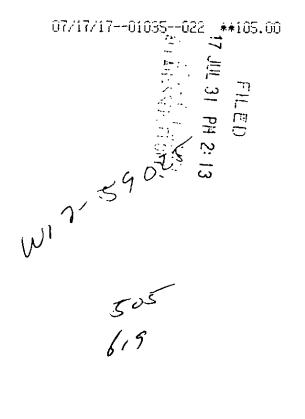
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(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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T. BURCH AUG 1 2017

COVER LETTER

TO:

Charter Section

Division	n of Corporations	
SUBJECT:_	Okadel S.A.	
0011,11011	Name of Resultir	g Florida Profit Corporation
	ertificate of Conversion, Articles of Inco Florida Profit Corporation" in accordance	rporation, and fees are submitted to convert an "Other Business e with s. 607.1115, F.S.
Please return all	l correspondence concerning this matter	to;
Sofia Powell-Cos	osio	
	Contact Person	
Sofia Powell-Cos	sio P.A.	
	Firm/Company	
1900 SW 3rd Av	we	
	Address	
Miami, FL 3313	34	
	City, State and Zip Code	
sofiapc@aol.co	om	
E-mail add	dress: (to be used for future annual repor	t notification)
For further infor	rmation concerning this matter, please c	all:
Sofia Powell-C	Cosio at (305 ₎ 579-9988
Nan	ne of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a ch	heck for the following amount:	
■ \$105.00 Filin		.75 Filing Fees rtified Copy Certified Copy, and Certificate of Status
STREET ADD New Filings Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	ction porations g : Center Circle	MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



RECEIVED

17 JUL 31 AN 10: 54

BUREAU OF COMMERCIAL INFORMATION SERVICES

July 18, 2017

SOFIA POWELL-COSIO 1900 SW 3RD AVE MIAMI, FL 33134

SUBJECT: OKADEL S.A. Ref. Number: W17000059025

We have received your document for OKADEL S.A. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 917A00014460

PLEASE SEE ATTACHED.

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 I	Entity" immediately prior to the filing of this Certificate of C	onversi	ion is:	
Okadel S.A.				
	Enter Name of Other Business Entity		-	
2. The "Other Business Entity" is a	Non-Florida Profit Corporation	,	7 =	
(Enter entity ty	ype. Example: limited liability company, limited partnership ership, common law or business trust, etc.)	o. <u></u>	<u>⊬</u> 3!	FILED
first organized formed or incorporate	d under the laws of Republic of Panama	÷.::	Ρ	[2] [2]
(Enter	state, or if a non-U.S. entity, the name of the country)	· ·	175	
on June 8th, 1999			(J)	
organized, formed or incorporated:	rporation as set forth in the attached Articles of Incorporat	·		
Okadel S.A. Inc.				
	Enter Name of Florida Profit Corporation	.•		
5. If not effective on the date of filing (The effective date: 1) cannot be pr	g, enter the effective date:	a ie filo	ed by t	he Florid:

ple of the	17
Signed this 13 71 day of July	. 20/7
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Sorin Pacific Cosic Title: week	cer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business 1	Entity: [See below for required signature(s).]
Signature:	
Printed Name: Tele My hin CARNEINO DA LIW	M Title: RESIDENT
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	· · · · · · · · · · · · · · · · · · ·
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	<u>Limited Partnership:</u>
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

he principal pl	PRINCIPAL OFFICE ace of business/mailing address is:		
ine francisco by	-		
1900 SW 3rd Ave	Principal street address		Mailing address, if different is:
Miami, FL 33129			
RTICLE III	PURPOSE		
	r which the corporation is organized is:		
The General	I purposes of the corporation are to	carry on any a	and all lawful businesses in any
part of the w	vorld.		
			<u> </u>
			- <u>-</u>
			
ARTICLE IV		ed)	
	SHARES shares of stock is:100 (one hundr	ed)	
	shares of stock is: 100 (one hundr	· · · · · · · · · · · · · · · · · · ·	
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he number of s	shares of stock is: 100 (one hundr INITIAL OFFICERS AND/OR DIR	ECTORS	Ivy Carneiro Da Cunha - Secretary/Treasurei
he number of s ARTICLE V lame and Title	shares of stock is: 100 (one hundr INITIAL OFFICERS AND/OR DIR Jose Maria Carneiro Da Cunha - President	ECTORS Name and Title	
he number of s ARTICLE V lame and Title Address:	Shares of stock is: 100 (one hundr INITIAL OFFICERS AND/OR DIR Jose Maria Carneiro Da Cunha - President 1643 Brickell Ave #3205 Miami, FL 33129	Name and Title Address:	1643 Brickell Ave #3205 Miami, FL 33129
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he number of s RTICLE V lame and Title ddress: lame and Title ddress:	Shares of stock is: 100 (one hundr INTTIAL OFFICERS AND/OR DIR Jose Maria Carneiro Da Cunha - President 1643 Brickell Ave #3205 Miami, FL 33129	Name and Title Address: Name and Title Address:	1643 Brickell Ave #3205 Miami, FL 33129

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: NEW HEAVEN AGENT OVERSEAS INC. Name: 1900 SW 3rd Avenue Address: Miami, FL 33129 ARTICLE VII **INCORPORATOR** The <u>name and address</u> of the Incorporator is: Sofia Powell-Cosio Name: 1900 SW 3rd Avenue Address: Miami, FL 33129 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 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. 7/14/17 Required Signature/Incorporator