P17000092768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

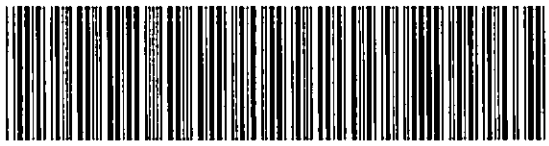
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

NOV 21 2017

T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: DANIFIG, CORP
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:

ANGELA MACK
Contact Person

TAX ACCOUNTING & FINANCIAL SPECIALISTS, LLC
Firm/Company

2295 S. HIAWASSEE RD STE 407F
Address

ORLANDO-FLORIDA 32835
City, State and Zip Code

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

For further information concerning this matter, please call:

ANGELA MACK at (407) 710-0808
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 ☐ $113.75 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:

DANIFIG, LLC L16-194218

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Florida 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 10/20/2016

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:**

DANIFIG, CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date:_____.
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
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.

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Signed this 01 day of November, 2017

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: Daniel Ignacio de Lacerda Title: President

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

Signature:

Printed Name: Daniel Ignacio de Lacerda Title: President

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)

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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: DANIFIG, CORP

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address	Mailing address, if different is:
2295 S. HIAWASSEE RD STE 407C	R ALM FONSECA COSTA 39
ORLANDO, FL 32835	BARRA DA TIJUCA, RJ 22631--100 BR

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
THE INITIAL PURPOSE OF THIS CORPORATION IS ANY AND ALL
BUSINESS UNDER THE LAW OF THE STATE OF FLORIDA AND THE UNITED STATES OF AMERICA

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Figueiredo Lacerda - President
Address: R ALM FONSECA COSTA 39
BARRA DA TIJUCA, RJ 22631--100 BR

Name and Title: Ana Cristina Martins Santos - Vice Pres.
Address: R ALM FONSECA COSTA 39
BARRA DA TIJUCA, RJ 22631--100 BR

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: TAX ACCOUNTING & FINANCIAL SPECIALIST, LLC

Address: 2295 S. HIAWASSEE RD STE 407

ORLANDO FL 32835

ARTICLE VII INCORPORATOR

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

Name: FIGUEIREDO LACERDA, DANIEL

Address: R. ALM FONSECA COSTA 39

BARRA DA TIJUCA, RJ 22631 304 BR

****

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.

[signature] 10/25/2017

Required Signature Registered Agent — 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.

[signature] 10/25/2017

Required Signature/Incorporator — Date

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TALLAHASSEE, FLORIDA