800035183

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

APR 1 8 2018

T. SCOTT



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FILED

2661 Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

TO: Charter Section Division of Co					
SUBJECT: CHANEST	E S.A. LLC				
<u></u>	Name of	Resulting Florid	a Profit	Corporation	
	te of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "G	Other Business
Please return all corres	pondence concerning thi	s matter to:			
Federico Alves					
	Contact Person				
	Firm/Company		_		
	ritm/Company				
207 Windward IS			_		
	Address				
Clearwater, FL, 33767					
	City, State and Zip Cod	e	_		
chaneste@minixel.com					
E-mail address: (to be used for future annu	ual report notific	ation)		
For further information	concerning this matter,	please call:			
Federico Alves		954 at (44474	08	
Name of C	ontact Person	Area (Code and	l 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 Filin and Certified C		☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporatio Clifton Building			New F Division	ING ADDRESS: illings Section on of Corporations 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 i	s:
CHANESTE S.A LOS WU 1744	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a Limited Liability Corporation	
(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	
(Enter state, or if a non-U.S. entity, the name of the country)	
02-18-2008 on	
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 organized, formed or incorporated:	h it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> CHANESTE S.A. INC	
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 t Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will listed as the document's effective date on the Department of State's records.	

Page 1 of 2

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Signed thisday of	. 2018
Required Signature for Florida Profit Corporation	<u>:</u>
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Federico Alves Title: Preside Preside	cer, or, if Directors or Officers have not been selected, as
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signature: Lufecco AS	
Printed Name: Federico Alves	Title: Member
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.	Limited Partnership:
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)

ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address GRAL MANUEL ORIBE 436	Mailing address, if different is: 207 WINDWARD IS	
TREINTA Y TRES, URUGUAY, SOUTH AMERICA	CLEARWATER, FL, 33767	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: TELECOMMUNICATIONS AND SOFTWARE DEVELO	DPMENT, SOFTWARE LEASING, CLOUD SERVICES AND	-
ASPECTS OF SOFTWARE ENGINEERING		
		
	· ·	
ARTICLE IV SHARES The number of shares of stock is:		
	DIRECTORS	2618
The number of shares of stock is:	DIRECTORS Name and Title:	2619 APR
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I	Name and Title: Address:	APR 18
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: PEDERICO ALVES, PRESIDENT 207 WINDWARD IS	Name and Title:	NPR 8 PM
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: FEDERICO ALVES, PRESIDENT 207 WINDWARD IS CLEARWATER, FL, 33767	Name and Title: Address: SET STATE FINANCE AND SET STATE FINANCE PARTY STATE AND SET STATE FINANCE PARTY STATE PARTY STATE	APR 18
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: FEDERICO ALVES, PRESIDENT Address: CLEARWATER, FL, 33767 Name and Title:	Name and Title: Address: Name and Title: Name and Title:	APR 18 MAIZ
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: FEDERICO ALVES, PRESIDENT 207 WINDWARD IS CLEARWATER, FL, 33767 Name and Title: Address:	Name and Title: Address: Name and Title: Address: Address:	APR 18 MAIZ
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: FEDERICO ALVES, PRESIDENT Address: CLEARWATER, FL, 33767 Name and Title:	Name and Title: Address: Name and Title: Address: Address:	APR 18 MAIZ

	E VI REGISTERED AGENT and Florida street address (P.O. Box NC	OT acceptable) of the registered agent is:	
Name:	FEDERICO ALVES		
Address:	207 WINDWARD IS		
	CLEARWATER, FL, 33767	_	
ARTICL.			
ine <u>name</u>	and address of the Incorporator is:		
Name:	FEDERICO ALVES		
Address:	207 WINDWARD IS		
	CLEARWATER, FL, 33767		
******	***********	**********	
Having be this certifi	en named as registered agent to accept se cate, I am familiar with and accept the ap	rvice of process for the above stated corporation at the place pointment as registered agent and agree to act in this capac	e designated in ity
	Forlew AS	41-18-2018 Date	
	Required Signature/Registered Agent	Date	
I submit ti document	his document and affirm that the facts sta to the Department of State constitutes a th	ated herein are true. I am aware that any false information aird degree felony as provided for in s.817.155, F.S.	submitted in a
	Lyeur Als-	4-18-2018	-
	Required Signature/Incorporator	Date	

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