

P18000054153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

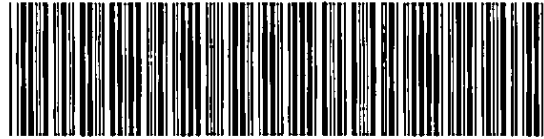
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2018

SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: BRITTO CHARETTE 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:

LINDA JOHNSON-SMITH

Contact Person

SHERTECK ACCOUNTING TAX SERVICES INC

Firm/Company

11114 S W 157 TERRACE

Address

MIAMI FLORIDA 33157

City, State and Zip Code

SHERTECK07@YAHOO.COM

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

For further information concerning this matter, please call:

LINDA JOHNSON-SMITH

at (786) 363-8187

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:

BRITTO CHARETTE LLC

L12-67961

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 MAY 18, 2012

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**:

BRITTO CHARETTE INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: MAY 22, 2018

(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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TALLAHASSEE, FLORIDA

Signed this 22ND day of MAY, 2018

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: DAVID CHARETTE Title: PRESIDENT

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

Signature: _____

Printed Name: DAVID CHARETTE Title: PRESIDENT

Signature: _____

Printed Name: JERMIER SBRITTO Title: VICE PRESIDENT

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: BRITTO CHARETTE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
310 N W 26TH STREET

MIAMI, FLORIDA 33127

Mailing address, if different is:
310 N W 26TH STREET

MIAMI FLORIDA 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in the transactions of any and all business activities permitted on the Laws of Florida and
the United States of America.

ARTICLE IV SHARES

The number of shares of stock is: 1000 of common non par value shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID CHARETTE , PRESIDENT

Address: 310 N W 26TH STREET
MIAMI FLORIDA 33127

Name and Title: JEREMIAS BRITTO, VICE PRESIDENT

Address: 310 N W 26TH STREER
MIAMI, FLORIDA 33127

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: DAVID CHARETTE
Address: 310 N W 26TH STREET
MIAMI FLORIDA 33127

ARTICLE VII INCORPORATOR

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

Name: DAVID CHARETTE
Address: 310 N W 26TH STREET
MIAMI, FLORIDA 33127

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

05/24/2018
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

05/24/2018
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA