

PH000025029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

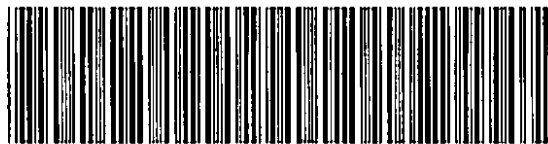
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

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MAR 25 2019



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03/04/19--01021--022 \*\*105.00

RECEIVED  
MAR 25 PM 5:50  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2019

JUNIOR WILKEN  
4400 W SAMPLE RD STE 132  
COCONUT CREEK, FL 33073

SUBJECT: OLIVEIRA PEREIRA SERVICE LLC  
Ref. Number: W19000023637

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

PLEASE COMPLETE 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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 319A00004911

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** OLIVEIRA PEREIRA SERVICE

\_\_\_\_\_  
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:

JUNIOR WILKEN

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

4400 W SAMPLE RD STE 132

\_\_\_\_\_  
Address

COCONUT CREEK, FL 33073

\_\_\_\_\_  
City, State and Zip Code

WILKENINSURANCE@HOTMAIL.COM

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

For further information concerning this matter, please call:

JUNIOR WILKEN at ( 754 ) 999-8139

\_\_\_\_\_  
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,  
and Certificate of Status and Certified Copy 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:

OLIVEIRA PEREIRA SERVICE LLC

L10-102105

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC

(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 SEPTEMBER 30, 2010

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**:

OLIVEIRA PEREIRA SERVICE INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 03/01/2019

(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.

FILED  
19 MAR 25 PM 5:50  
TALLAHASSEE, FLORIDA

Signed this 26 day of FEBRUARY, 2019.


**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

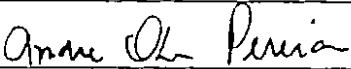
Incorporator: KAREN PEREIRA DA CONCEICAO

Printed Name: KAREN PEREIRA DA CONCEICAO Title: PRESIDENT

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

Signature: 

Printed Name: KAREN PEREIRA DA CONCEICAO Title: MGRM

Signature: 

Printed Name: ANDRE PEREIRA Title: MGRM

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)

19 MAR 25 PM 5:50  
DAVIDSON COUNTY, 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: OLIVEIRA PEREIRA SERVICE INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

541 NW 46TH STREET

POMPANO BEACH , FL 33064

Mailing address, if different is:

541 NW 46TH STREET

POMPANO BEACH, FL 33064

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

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

Name and Title: KAREN PEREIRA DA CONCEICAO

Address: 541 NW 46TH STREET

POMPANO BEACH, FL 33064

Name and Title: PRESIDENT

Address:

Name and Title: ANDRE PEREIRA

Address: 541 NW 46TH STREET

POMPANO BEACH, FL 33064

Name and Title: VICE PRESIDENT

Address:

Name and Title:

Name and Title:

Address:

Address:

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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: ANDRE PEREIRA  
Address: 541 NW 46TH STREET  
POMPANO BEACH FL 33064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KAREN PEREIRA DA CONCEICAO  
Address: 541 NW 46TH STREET  
POMPANO BEACH FL 33064

\*\*\*\*\*

*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*

Andre Pereira  
Required Signature/Registered Agent

02/26/2019  
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]  
Required Signature/Incorporator

02/26/2019  
Date

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TALLAHASSEE, FLORIDA