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(Requestor's Name)				
(Requestors Name)				
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(Address)				
(Cr	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)		
(Do	ocument Number)			
Certified Copies	_ Certificates of	Status		
Special Instructions to	Filing Officer:			
	_			





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W22-147



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BRETANHA USA, INC.
Name of Resulting Florida Profit Corporation
The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202. F.S.
Please return all correspondence concerning this matter to:
Fernanda Figueiredo
Contact Person
Domus Global Tax Advisors LLC
Firm/Company
7680 UNIVERSAL BLVD STE 510
Address
ORLANDO FL 32819
City. State and Zip Code
fernanda@domusglobaltax.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fernanda Figueiredo 334-7001
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$105.00 Filing Fees
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

ZBZZ ROV I / AM IO: 146

Signed this 13	_{day of} December	20		
Required Signature	e for Florida Profit Corporatio	<u>n:</u>		
Signature of Director	r, Officer. or, if Directors or Offi	icers have not been selected, an Incorporator:	:	
	Rafael Scheibler			
Printed Name: Rafa	ael Scheibler Title: Pro	esident		
	e(s) on behalf of Converting Florida Flow for required signature(s).]	orida partnerships, limited partnerships, a	<u>ınd limite</u>	d liability
Signature:	Rafael Scheibler		_	
Printed Name: Raf	ael Scheibler	President	_	
Signature:			-	
Printed Name:		Title:	_	
Signature:			_	
Printed Name:		Title:	-	
Signature:			_	
Printed Name:		Title:	-	
Signature:			_	
Printed Name:		Title:	-	
Signature:			-	
Printed Name:		Title:	_	
If Florida General Signature of one Gen	Partnership or Limited Liabili neral Partner.	ty Partnership:		
If Florida Limited Signatures of ALL	Partnership or Limited Liabili General Partners.	ty Limited Partnership:	21 AH2	2022 N
	Liability Company: ber or Authorized Representative	2.		11 A0
All others: Signature of an author	orized person.		5 t 61; t	AH 10: 40

Fees:

Articles of Conversion:

\$35.00

Fees for Florida Articles of Incorporation: Certified Copy:

\$70.00

\$8.75 (Optional)

Certificate of Status:

\$8.75 (Optional)

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE . The principa	II PRINCIPAL OFFICE I place of business/mailing address is:			
	Principal street address	Mailing address, if different is:		
3156 PANTANAL LN KISSIMMEE, FL 34747		7680 UNIVERSAL BLVD STE 510 ORLANDO, FL 32819		
		147.3 147.3	11 ACN 2202	
	TV SHAPES 100 000	ن.) تن.		
The number	of shares of stock is:		- 1	
The number ARTICLE	of shares of stock is: 100,000 V OFFICERS AND/OR DIRECTORS Rafael Scheibler - Title P		AK 10: 4 c	
The number ARTICLE Name and T	of shares of stock is: 100,000 V OFFICERS AND/OR DIRECTORS Rafael Scheibler - Title P	Name and Title:	H 10: 4 c	
The number ARTICLE Name and T	of shares of stock is: 100,000 V OFFICERS AND/OR DIRECTORS Title: Rafael Scheibler - Title P		H 10: 4c	
The number ARTICLE Name and T Address:	V OFFICERS AND/OR DIRECTORS Title: Rafael Scheibler - Title P R. ALMIRANTE ALEXANDRINO 640, APT 501	Name and Title:Address:		
The number ARTICLE Name and T Address: Name and T	of shares of stock is: 100,000 V OFFICERS AND/OR DIRECTORS Itle: Rafael Scheibler - Title P R. ALMIRANTE ALEXANDRINO 640, APT 501 CASCA, RS 99260-000 BR	Name and Title: Address: Name and Title:		
ARTICLE Name and T Address: Name and T Address:	V OFFICERS AND/OR DIRECTORS Title: Rafael Scheibler - Title P R. ALMIRANTE ALEXANDRINO 640, APT 501 CASCA, RS 99260-000 BR Title:	Name and Title: Address: Name and Title: Address:		

ARTICLE VI REGISTERED AGENT

The name	e and Florida street address (P.O. Box NOT acceptabl	e) of the registered agent is:
Name:	DOMUS GLOBAL TAX ADVISORS LLC	
Address:	7680 UNIVERSAL BLVD, STE 510	
	ORLANDO, FL 32819	
_	een named as registered agent to accept service of prod icate, I am familiar with and accept the appointment as	cess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity
	Fernanda Figurindo Required Signature/Registered Agent	12/13/2022
	Required Signature/Registered Agent	Date

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