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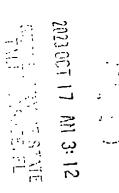
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2023

MARIA M CALDAS-LOPEX 12811 KENWOOD LANE SUITE 208 FORT MYERS, FL 33907

SUBJECT: 7 LINES ELECTRICAL SERVICES, INC.

Ref. Number: W23000068474

20/3 007 17 FN 2:40

We have received your document for 7 LINES ELECTRICAL SERVICES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Articles of Incorporation are still not filled out correctly. Please fill out the principal street address.

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.

Karen Lovelace Regulatory Specialist III

Letter Number: 923A00022261

#### COVER LETTER

TO: **New Filing Section** 

Division of Corporations

#### LINES ELECTRICAL SERVICES, LLC

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:

#### MARIA M. CALDAS-LOPES

Contact Person

#### MADE IN BRAZIL SERVICES

Firm/Company

12811 KENWOOD LANE SUITE 208

Address

#### FORT MYERS, FLORIDA 33907

City, State and Zip Code

#### MADEINBRAZILSERVICES@HOTMAIL.COM

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

For further information concerning this matter, please call:

Status

MARIA M. CALDAS-LOPES

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, and Certificate of

and Certified Copy

Certified Copy, and

Certificate of Status

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 11 Tallahassee, 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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
7 LINES ELECTRICAL SERVICES, LLC.
Enter Name of the Converting Entity
2. The converting 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 10/23/2019
Enter date "Converting Entity" was first organized, formed or incorporated.
<ol> <li>The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>:</li> <li>LINES ELECTRICAL SERVICES, INC.</li> </ol>
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: 04/01/2023
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid
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.
·~~?

Signed this 4108 day of	April		_, 2023	
Required Signature for Florida Pro	ofit Corporation:			
Signature of Director, Officer, or, if I	Directors or Öfficer	s have not been	selected, an Incorpor	ator:
Printed Name: HOMEM LEANDRO, BRUN	Title: P			
Required Signature(s) on behalf of companies: [See below for required		la partnerships.	, limited partnershi	ps, and limited liability
Signature:			·	
Printed Name: HOMEM LEANE Signature:	DRO, BRUNO	Title: P	. <u></u> <u>-</u> -	
Signature:	1			
Printed Name: HOMSI LEANDRO, AN	NA CATARINA	_ Title: VP		<u></u>
Signature:				
Printed Name:		_ Title:		<del></del>
Signature:				
Printed Name:		_ Title:	<del></del>	
Signature:				
Printed Name:	<del></del>	Title:		
Signature:		_		<del></del>
Printed Name:		Title:		
If Florida General Partnership or I Signature of one General Partner.	Limited Liability F	artnership:		
If Florida Limited Partnership or I Signatures of ALL General Partners.	Limited Liability L	imited Partner	ship:	
If Florida Limited Liability Compa Signature of a Member or Authorized				
All others: Signature of an authorized person.				
Fees:  Articles of Conversion: Fees for Florida Articles of Ir Certified Copy: Certificate of Status:	ncorporation:	\$35.00 \$70.00 \$8.75 (Optional \$8.75 (Optional		7 M 3:12

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

ARTICLE	II PRINCIPAL OFFICE		
	al place of business/mailing address is:		
3449	NE 10-th Litte	(	ddress, if different is:
ope. Co	onal J. 33090		
	e for which the corporation is organized is:		
			<del></del>
	IV SHARES of shares of stock is: 1000		
he number			
he number	of shares of stock is: 1000  V OFFICERS AND/OR DIRECTORS	Name and Title:	
he number	of shares of stock is: 1000		
The number  Name and Taddress:	ritle: Bruno Homem Leandro (P)  3449 NE. 104h Place.  Care Obral SL 33990	Address:	
The number  ARTICLE  Name and The contract of	ritle: Bruno Homem Leandro (P)  3449 NE. 104h Place.  Care Obral SL 33990	Address:	
The number NATICLE Vame and Address:	rof shares of stock is: 1000  V OFFICERS AND/OR DIRECTORS  Fitle: Bruno Homem Leandro (P)  3449 NE. 10-1h Place.	Address:	
The number NATICLE Vame and Address:	ritle: Bruno Homem Leandmo (P)  3449 NE 10th Place  Cape Obral, St. 33990  Title: Ana Catarina Homei Leandro  3449 NE 10th Place	Address:	
The number National Address:	ritle: Bruno Homem Leandro (P)  3449 NE. 10th Place. Cape Obral, SL 33990  ritle: Ana Catarina Homei Leandro  3449 NE. 10th Place	Address:	
Name and Address:  Name and Address:	ritle: Bruno Homem Leandro (P)  3449 NE. 10th Place Cape Obnal, IL 33990  ritle: Ana Catarina Homei Leandro 3449 NE. 10th Place Cape Obnal, IL 33990	Address:  (VP) 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:	Made In Brazil Services.

1811 Kenwood Lane Ste 208 Address:

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