

P25000003051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

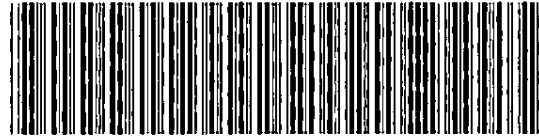
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400441407274

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2025 JAN 15 AM 9:47

STATE OF TEXAS

2024 DEC 26 PM 10:36

MS

W25000003329

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$113.75

Authorization Signature

Arias Delfino Company LLC

Business

#Document

Walk in

\_\_\_\_ Will wait

\_\_\_\_ Certified Copies of the Articles of Organization

X Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
\_\_\_\_ LLC  
\_\_\_\_ Domestication  
\_\_\_\_ INC  
\_\_\_\_ CORP  
\_\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_ Amendment  
\_\_\_\_ Resignation of R.A.  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Dissolution/Withdrawal  
X Conversion  
\_\_\_\_ Statement of Authority  
\_\_\_\_ Merger  
\_\_\_\_ Amended and Restated Articles

**OTHER FILINGS**

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name  
\_\_\_\_ Statement of Authority  
\_\_\_\_ APOSTIL \_\_\_\_\_

COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign Filing  
\_\_\_\_ Partnership  
\_\_\_\_ Reinstatement  
\_\_\_\_ Statement of CORRECTION  
\_\_\_\_ Domestication of a Foreign Corp.

\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARIAS DELFINO COMPANY 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:

RUBEN SOUZA

Contact Person

MEDEIROS SOUZA CORP

Firm/Company

1711 AMAZING WAY STE 213

Address

OCOOE, FL 34761

City, State and Zip Code

CONTACT@MEDEIROSSOUZA.COM

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

For further information concerning this matter, please call:

RUBEM SOUZA

Name of Contact Person

at ( 407 ) 3268484

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input checked="" type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|---|--|---|--|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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**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:

ARIAS DELFINO COMPANY LLC

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 08/04/2023  
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:**

ARIAS DELFINO COMPANY Corp.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 12/26/2024.  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

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Signed this 26th day of December, 2024.

**Required Signature for Florida Profit Corporation:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Cynthia Kelly Delfino

Printed Name: Cynthia Kelly N Delfino Title: Director

**Required Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: Cynthia Kelly Delfino  
Printed Name: Cynthia Kelly N Delfino Title: Director

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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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## 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: **ARIAS DELFINO COMPANY CORP**

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address

2299 SW 16 CT

MIAMI, FL 33145

Mailing address, if different is:

2299 SW 16 CT

MIAMI, FL 33145

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

# Real Estate Investments

### **ARTICLE IV SHARES**

The number of shares of stock is: **100,000**

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

Name and Title: Cynthia Kelly N Delfino Director

Address: 2299 SW 16 CT, MIAMI, FL 33145

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Medeiros Souza Corp

Address: 1711 Amazing Way Ste 213

Ocoee, FL 34761

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rubem Souza

Address: 1711 Amazing Way Ste 213

Ocoee, FL 34761

*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*

R.L.

Required Signature/Registered Agent

12/26/2024

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.*

R.L.

Required Signature/Incorporator

12/26/2024

Date

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CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT