## P25000003511

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
· , , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

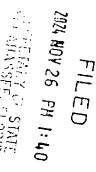




300440051523

11-26-24 01009 603

\$ 105.00



## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: BENINI CAPITAL CORP		
Name of	Resulting Flori	rida Profit Corporation
The enclosed Articles of Conversion, Articles o entity into a "Florida Profit Corporation" in account	f Incorporation. ordance with ss	on, and fees are submitted to convert the following eligibless, 607.11933 & 607.0202, F.S.
Please return all correspondence concerning this	matter to:	
JESSICA DIRINGER		
Contact Person		<del></del>
WEEXY ACCOUTING		
Firm/Company		
1878 THETFORD CIR		
Address		
ORLANDO, FL 32824		
City, State and Zip Code		<del></del>
info@weexyaccounting.com		
E-mail address: (to be used for future annu	ual report notifi	fication)
For further information concerning this matter,	please call:	
JESSICA DIRINGER	at (407	818-3682
Name of Contact Person	Area	a 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 Fil and Certified	
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 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.

4. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
BENINI CAPITAL 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)
(Enter state, or if a non-U.S. entity, the name of the country)
10/23/2023
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> BENINI CAPITAL FL CORP
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: 11/19/2024
(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 inscreed 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	day of		_, 2024	
Required Signature	e for Florida Profit Corporation:			
Signature of Directo	r, Officer, or, if Directors or Office <i>sto Costa</i>	ers have not been .	selected, an Incorpora	ator:
Printed Name: MAF	RCELO AUGUST <sub>Title:</sub> PRES	IDENT		
	e(s) on behalf of Converting Florelow for required signature(s).]	ida partnerships	, limited partnership	ps, and limited liability
Signature: Marcel			<del>.</del>	
Printed Name:MAR	CELO AUGUSTO COSTA	Title: AMBR		- <del></del> -
Signature:				<del></del>
Printed Name:		Title:		<del></del>
Signature:		<u> </u>		<u></u>
Printed Name:		Title:		
Signature:		<del></del>		
Printed Name:		Title:		
Signature:				
Printed Name:		Title:		
Signature:				
Printed Name:		Title:		
If Florida General Signature of one General	Partnership or Limited Liability neral Partner.	Partnership:		
If Florida Limited Signatures of ALL	Partnership or Limited Liability General Partners.	Limited Partner	<u>ship:</u>	2024 <b>9</b> 0
	Liability Company: ber or Authorized Representative.			726 F
All others: Signature of an auth	orized person.			AFTAHASSEE, FLORING
Fees:				· •

Articles of Conversion: \$35.00 Fees for Florida Articles of Incorporation: \$70.00 Certified Copy: Certificate of Status: \$8.75 (Optional)

\$8.75 (Optional)

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

RTICLE	II PRINCIPAL OFFICE		
	place of business/mailing address is:		
	Principal street address	Mailing address,	if different is
163 VIOS	SCA PLACE	<b>—————————————————————————————————————</b>	
ORLANDO	), FL 32837		
• •	III PURPOSE  for which the corporation is organized is:  ALL LAWFUL BUSINESS		
	<u>_</u>	<del></del>	
_	<del></del>		
ARTICLE	IV SHARES 1000		
	IV SHARES of stock is: 1000		
he number			
he number	V OFFICERS AND/OR DIRECTORS  MARCEL O AUGUSTO COSTA - F	Name and Title:	
he number	V OFFICERS AND/OR DIRECTORS  MARCEL O AUGUSTO COSTA - F	Name and Title:	
The number  ARTICLE  Name and T	v of stock is:   V OFFICERS AND/OR DIRECTORS  itle: MARCELO AUGUSTO COSTA - F	<del>-</del>	
The number  ARTICLE  Name and T  Address:	V OFFICERS AND/OR DIRECTORS itle:  MARCELO AUGUSTO COSTA - F  4163 VIOSCA PLACE  ORLANDO, FL 32837	Address:	
The number  ARTICLE  Name and T  Address:  Name and T	V OFFICERS AND/OR DIRECTORS  itle:  4163 VIOSCA PLACE  ORLANDO, FL 32837  itle:	Address:  Name and Title:	
The number  ARTICLE  Name and T  Address:	v OFFICERS AND/OR DIRECTORS itle:  4163 VIOSCA PLACE ORLANDO, FL 32837 itle:	Address:  Name and Title:  Address:	
The number  ARTICLE  Name and T  Address:  Name and T  Address:	V OFFICERS AND/OR DIRECTORS itle:  4163 VIOSCA PLACE ORLANDO, FL 32837 itle:	Address:  Name and Title:  Address:	
The number  ARTICLE  Name and T  Address:  Name and T  Address:	v OFFICERS AND/OR DIRECTORS itle:  4163 VIOSCA PLACE ORLANDO, FL 32837 itle:	Address:  Name and Title:  Address:	

	e and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	WEEXY SOLUTIONS LLC		
Address:	1878 THETFORD CIR		
	ORLANDO, FL 32824		
this certifi	icate, I am familiar with and accept the appointment		nated in
JESSICA D	Required Synature/Registered Agent	11/19/2024	
	Required <b>Sy</b> nature/Registered Agent	Date	

FILED FILED