# L240001321984

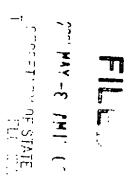
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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05/08/24--01025--007 \*\*180.00



T.J.H SIZOIZH

## Articles of Conversion

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

THE VAULT COLLECTIVE LLC

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
11/09/2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
THE VAULT COLLECTIVE LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 25th day of April	_ 20 <u>_24</u>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Rene Natalle Steele	Steele Title: Member
Signature(s) on behalf of Other Business Entity:	
Signature: Stelle	
Printed Name: Rene Natalle Steele	Title: Member
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title;
Signature:	
Printed Name:	Title:
Signature:	714
Printed Name:	_ 1 we:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or 0	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

### COVER LETTER

SUBJECT: THE VAL	ULT COLLECTIVE LLC			
	(Name of Re	sulting Florida Lim	Limited Company)	
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organiza iability Compan	zation, and fees are submitted to convert an "Otho pany" in accordance with s. 605,1045, F.S.	21
Please return all corre	espondence concernin	g this matter to:	to:	
Anthony Morales				
	(Contact Person)		<del></del>	
MyUSACorporation.co	m			
•	(Firm/Company)		<del></del>	
1 Radisson Plaza, Suit	te 800			
	(Address)		<del>_</del>	
New Rochelle, NY 108	01			
(0	lity. State and Zip Code)		<del></del>	
info@myusacorporatio	-			
E-mail Address; (to be	e used for future annual re	port notifications)	 is)	
For further information	on concerning this ma	tter, please call:	ıllı:	
Anthony Morales		_at ( <u>877</u>	330-2677	
(Name of Contact	ct Person)	(Area Code	ode) (Daytime Telephone Number)	
Enclosed is a check for dollars and drawn on	or the following amou a bank located in the	nt: (All checks United States)	ks processed by this office must be payable in US )	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Co	Copy Certified Copy, and -1	
Mailing Addr			Street Address:	T.
New Filing Se			New Filing Section	1.34
Division of Co P.O. Box 632	•		Division of Corporations	
Tallahassee, F			The Centre of Tallahassee	
			Tallahassee, FL 32303	

**TO:** New Filing Section Division of Corporations

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar The name of the Li	ne: imited Liability Company	ie:		
	minus Diabinty Company	15.		
THE VAULT COLLE	ECTIVE LLC			
(Mı	ust contain the words "Limited Link	oility Company,	"L.L.C.," or "LLC."	<u>'</u> )
ARTICLE II - Ad	ldress:			
The mailing addres	ss and street address of the	principal of	fice of the Lim	ited Liability Company is:
Principal Office A	Address:	Mallin	g Address:	
6718 S Lockwood F	Ridge Rd	6718 S	Lockwood Ridge	e Rd
Sarasota, FL 34231			ta, FL 34231	······································
		-		
ARTICLE III - R	legistered Agent, Registe	red Office, d	& Registered A	Agent's Signature:
business entity with an	ompany cannot serve as its own Reactive Florida registration.)	egistered Agent.	You must designate	an individual or another
The name and the	Florida street address of the	ne registered	agent are:	
	Rene Natalie Steele			
	Ne	ame	· · · · · ·	•
	6718 S Lockwood Ridge R	Rd		
	Florida street address (F		T acceptable)	•
	Sarasota	FL	34231	
	City		Zip	•
liability comp registered agent statutes relatin	oany at the place designated and agree to act in this cap	d in this certi pacity. I furt ete performar	ficate, I hereby her agree to con nce of my duties	mply with the provisions of all , and I am familiar with and
	5ta	relo	,	-1,0 -3
	Registered Agent's S	Signature (R)	EQUIRED)	- <u> </u>
	(CONT	INUED)		T
				بي الآلات الله الآلات
				<u></u> •

Α	DТ	ICI	F	IV.
^	n.	11.1		1 7 *

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Rene Natalie Steele
<del></del>	2804 Broad Street
	Newport Beach, CA 92663
	<del> </del>
<del></del>	
	·
	<u> </u>
•	<u> </u>
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	Steele
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware turnent to the Department of State constitutes a third degree features.
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware turnent to the Department of State constitutes a third degree feather than the Natalle Steele
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware turnent to the Department of State constitutes a third degree features.

### **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: THE VAULT COLLECTIVE LLC					
	sulting Florida Li	mited Cor	mpany)	<del></del>	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	les of Organiz iability Compa	ation, an iny" in a	nd fees are submitted coordance with s. 60	to convert 5.1045, F.	an "Other S.
Please return all correspondence concernin	g this matter to	):			
Anthony Morales					
(Contact Person)		· <del></del>			
MyUSACorporation.com					
(Firm/Company)					
1 Radisson Plaza, Suite 800					
(Address)					
New Rochelle, NY 10801					
(City. State and Zip Code)		<del></del>			
info@myusacorporation.com					
E-mail Address: (to be used for future annual re	port notifications	)			
For further information concerning this ma	tter, please cal	l:			
Anthony Morales	_at (_877	330-	2677		
(Name of Contact Person)		de) (Day	time Telephone Number	r)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the	int: (All check: United States)	s proces:	sed by this office mu	ist be payal	ole in US
☐ \$150.00 Fiting Fees (\$25 for Conversion & \$125 for Articles of Organization)  ☐ \$155.00 Fiting Fees and Certificate of Status	<b>\$180.00</b> Fili and Certified C		□\$185.00 Filing Fees Certified Copy, and Certificate of Status	ò.	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Se nassee, FL 32303	uite o i o	

### **Articles of Conversion**

For

### "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: THE VAULT COLLECTIVE LLC
(Enter Name of Other Business Entity)
The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws ofCA
(Enter state, or if a non-U.S. entity, the name of the country)
11/09/2021 On
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: THE VAULT COLLECTIVE LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signature of Authorized Depression 4	t. • . • • • •
Signature of Authorized Representative of L	
Signature of Authorized Representative:	3+00 Oa
Printed Name: Rene Natalle Steele	Title: Member
Signature(s) on behalf of Other Business Entity	y:  See below for required signature
Signature III a //a	
Printed Name: Rene Natalle Steele	Title: Member
Signature:	
Printed Name:	Title
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title
<del></del>	
Signature:	
Signature:Printed Name:	
Signature: Printed Name:  If Florida Corporation:	Title:
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director	Title:
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director	Title:
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director,  If Directors or Officers have not been selected, an	Title: or Officer. Incorporator must sign.
Signature: Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an	Title: or Officer. Incorporator must sign.
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an  If Florida General Partnership or Limited Liab  Signature of one General Partner.	Title: or Officer. Incorporator must sign. bility Partnership:
Signature:	Title: or Officer. Incorporator must sign. bility Partnership:
Signature:	Title:  or Officer. Incorporator must sign.  pility Partnership:
Signature:  Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an  If Florida General Partnership or Limited Liab  Signature of one General Partner.  If Florida Limited Partnership or Limited Liab  Signatures of ALL General Partners.	Title:  or Officer. Incorporator must sign.  pility Partnership:
Signature:  Printed Name:  Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an   If Florida General Partnership or Limited Liab  Signature of one General Partner.  If Florida Limited Partnership or Limited Liab  Signatures of ALL General Partners.	Title:  or Officer. Incorporator must sign.  pility Partnership:
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an   If Florida General Partnership or Limited Liab  Signature of one General Partner.  If Florida Limited Partnership or Limited Liab  Signatures of ALL General Partners.	Title:  or Officer. Incorporator must sign.  pility Partnership:
Signature:	Title: or Officer. Incorporator must sign. bility Partnership:
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an  If Florida General Partnership or Limited Liab  Signature of one General Partner.  If Florida Limited Partnership or Limited Liab  Signatures of ALL General Partners.  All others:  Signature of an authorized person.	Title:  or Officer. Incorporator must sign.  pility Partnership:  ility Limited Partnership:
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, if Directors or Officers have not been selected, an if Florida General Partnership or Limited Liab Signature of one General Partner.  If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.  All others:  Signature of an authorized person.  Sees:  Articles of Conversion:	or Officer. Incorporator must sign.  pility Partnership:  ility Limited Partnership:
Signature:  Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an If Florida General Partnership or Limited Liab Signature of one General Partner.  If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.  All others: Signature of an authorized person.  Sees:  Articles of Conversion: Fees for Florida Articles of Organization:	Title:  or Officer. Incorporator must sign.  pility Partnership:  ility Limited Partnership:  \$25.00  \$125.00
Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an   If Florida General Partnership or Limited Liab  Signature of one General Partner.  If Florida Limited Partnership or Limited Liab  Signatures of ALL General Partners.  All others:  Signature of an authorized person.	or Officer. Incorporator must sign.  pility Partnership:  ility Limited Partnership:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: .imited Liability Company	is:		
THE VAULT COLL		25-0		
ARTICLE II - A	ust contain the words "Limited Link ddress: ess and street address of the			ability Company is:
Principal Office	Address:	Mailing	Address:	
6718 S Lockwood Sarasota, FL 3423			Lockwood Ridge Rd a, FL 34231	
business entity with an	Registered Agent, Register Company cannot scree as its own Re active Florida registration.)  Florida street address of the	gistered Agent, '	ou must designate an indivi	Signature: dual or mother
	Rene Natalie Steele			
	Na	ıme	· · · · · ·	
	6718 S Lockwood Ridge R	ld		
	Florida street address (F	P.O. Box <u>NO</u>	T acceptable)	
	Sarasota	FL	34231	
	City		Zip	
liability com registered agen	nmed as registered agent and pany at the place designated t and agree to act in this cap	d in this certi pacity. I furth	ficate, I hereby accept ter agree to comply wi	the appointment as

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Rene Natalie Steele
PARILIT	2804 Broad Street
	Newport Beach, CA 92663
	Hampon Deach, On 92000
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	540
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware to timent to the Department of State constitutes a third degree fel-

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee