114006167090

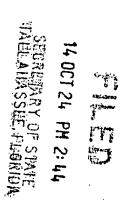
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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08/08/14--01006--028 **150.00



J. Shiners OCT 2 7 2014



August 8, 2014

VANGELLA RICHARDS 14185 SW 87TH ST A215 MIAMI, FL 33183

SUBJECT: VMJ PRODUCTS LLC Ref. Number: W14000048605

We have received your document for VMJ PRODUCTS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00017064

COVER LETTER

| Division of Corporations | | |
|---|--|--|
| SUBJECT: VMJ Products LLC | | |
| (Name of | Resulting Florida | Limited Company) |
| The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia | | on, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning | this matter to: | |
| Vangella Richards | | |
| (Contact Person) | | |
| VMJ Products LLC. | | |
| (Firm/Company) | | |
| 14185 SW 87th St. A215 | | |
| (Address) | | |
| Miami, Fl 33183 | | |
| (City, State and Zip Code) | - | |
| vanmj7@bellsouth.net | | |
| E-mail Address: (to be used for future annual repo | ort notifications) | |
| For further information concerning this matter | er, please call: | |
| Vangella Richards | at (954 | 849-3022 |
| (Name of Contact Person) | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amoun | t: | |
| | □\$180.00 Filing I and Certified Copy | |
| STREET ADDRESS: | | NG ADDRESS: |
| Registration Section | | tion Section |
| Division of Corporations Clifton Building | Divisior P. O. Bo | of Corporations |
| 2661 Executive Center Circle | | see, FL 32314 |

INHS11 (02/14)

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 Cor VMJ Products Inc. | nversion is: |
|--|--------------|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a C Corporation. | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | |
| First organized, formed or incorporated under the laws of Florida | |
| on April 1st, 2014 (Enter state, or if a non-U.S. entity, the name of the | ie country) |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of O | rganization: |
| VMJ Products LLC. | |
| (Enter Name of Florida Limited Liability Company) | |
| 4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days date this document is filed by the Florida Department of State; AND 2) must be the same as date listed in the attached Articles of Organization, if an effective date is listed therein.) | |
| 5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046. | |

Page 1 of 2



| Signed this 4th day of August | _ 20 <u>14</u> |
|--|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: Vangella Richards | Title: MGR |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s).] |
| Signature: Wichard Printed Name: VANGELIA RICHARDO | Title: MGR |
| Signature: Printed Name: | · · · · · · · · · · · · · · · · · · · |
| Printed Name: | _ Title: |
| Signature: | |
| Printed Name: | _ Title: |
| Signature: | |
| Printed Name: | _ Title: |
| Signature: | |
| Printed Name: | _ Title: |
| Signature: | ·i |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. All others: | orporator must sign. y Partnership: y Limited Partnership: |
| Signature of an authorized person. | · |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

Page 2 of 2

14 OCT 24 PH 2: 44

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compar | ny is: | |
|---|--|--|
| VMJ Products LLC. | Tible Comment of Comments | |
| (Must end with the words "Limited | Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of t | the principal office of the Limited L | iability Company is: |
| Principal Office Address: | Mailing Address: | |
| 14185 SW 87th St | 14185 SW 87th St. | |
| A215 | A215 | |
| Miami, Fl. 33183 | Miami, Fl. 33183 | |
| ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of | Registered Agent. You must designate an indiv | vidual or another |
| Vangella Richards | Name | |
| • | ivanie . | |
| 14185 SW 87th St. / | | |
| Florida street address | (P.O. Box NOT acceptable) | |
| Miami | FL 33183 | |
| City | - Zip | |
| Having been named as registered agent of liability company at the place designate registered agent and agree to act in this of statutes relating to the proper and compaccept the obligations of my position. | ted in this certificate, I hereby accept capacity. I further agree to comply w vlete performance of my duties, and I | t the appointment as with the provisions of all I am familiar with and |
| D | Lichards | SC |
| Registered Agent's | Signature (REQUIRED) | |
| · | TTINUED) | 24 PR |
| ra | ge 1 of 2 | |

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager MGR | Vangella Richards |
| MOR | 14185 SW 87th St. A215 |
| | Miami, Fl. 33183 |
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| (Use attachment if necessary) | |
| ı effective date is listed, the date mus | he date of filing: (OPTIONAL) It be specific and cannot be more than five business days |
| effective date is listed, the date mus 90 days after the date of filing.) | at be specific and cannot be more than five business days |
| effective date is listed, the date mus 90 days after the date of filing.) | at be specific and cannot be more than five business days |
| effective date is listed, the date mus 90 days after the date of filing.) ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: | t be specific and cannot be more than five business days |
| effective date is listed, the date mus 90 days after the date of filing.) ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: | it be specific and cannot be more than five business days |
| reffective date is listed, the date mus 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb | er or an authorized representative of a member. |
| reffective date is listed, the date mus 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 | ber or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this documents |
| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per am aware that any false information s | er or an authorized representative of a member, (1) (b), Florida Statutes, the execution of this document inalties of perjury that the facts stated herein are submitted in a document to the Department of Spate. |
| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per lam aware that any false information s | er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are submitted in a document to the Department of Spate. |
| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per lam aware that any false information seconstitutes a third degree felony as pro- | er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are rule. Submitted in a document to the Department of State vided for in s.817.155, F.S.) |
| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per lam aware that any false information seconstitutes a third degree felony as pro- | the specific and cannot be more than five business days over or an authorized representative of a member of the specific and statutes, the execution of this document of the submitted in a document to the Department of state of the submitted in a document to the Department of State or printed name of signers. |
| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as pro Vangella Richards Type of the date must be setting the per Vangella Richards | the specific and cannot be more than five business days over or an authorized representative of a member of the specific and statutes, the execution of this document of the submitted in a document to the Department of state of the submitted in a document to the Department of State or printed name of signers. |
| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as pro Vangella Richards Filing Fees: | the specific and cannot be more than five business days or or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State vided for in s.817.155, F.S.) |
| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as pro Vangella Richards Filing Fees: \$125.00 Filing Fee for Articles | the specific and cannot be more than five business days over or an authorized representative of a member of the specific and statutes, the execution of this document of the submitted in a document to the Department of state of the submitted in a document to the Department of State or printed name of signers. |
| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information s constitutes a third degree felony as pro Vangella Richards Filing Fees: \$125.00 Filing Fee for Articles of Registered Agent | rer or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State vided for in s.817.155, F.S.) Typed or printed name of signee |
| REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as pro Vangella Richards Filing Fees: \$125.00 Filing Fee for Articles | the specific and cannot be more than five business days of or an authorized representative of a member of this document of this document of this document of the facts stated herein are true. Of organization and Designation of Organization and Designation |

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

ARTICLE IV-