L16000057206

(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:





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W.16-129 81

16 MAR 23 PH 4: 50
SECRETARY OF STATE
TALLAHASSEE, FI GRIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: V & V CORPORATE INVESTME	NTS LLC	
	of Resulting Florida Lir	mited Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li		, and fees are submitted to convert an "Other n accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
DAVID RODRIGUES, CPA		
(Contact Person)		
DAVID RODRIGUES, CPA, PA		
(Firm/Company)		
101 N MISSOURI AVE		
(Address)		
CLEARWATER, FL 33755		
(City, State and Zip Code)	 	
drodrigues123@yahoo.com		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	tter, please call:	
David Rodrigues	at $(^{727})^{43}$	39-0089
(Name of Contact Person)		Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing Fee and Certified Copy	es \$\square\$\$\$\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Twide Department of State STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registration of P. O. Box	of Corporations



February 22, 2016

DAVID RODRIGUES, CPA 101 N MISSOURI AVE CLEARWATER, FL 33755

SUBJECT: V & V CORPORATE INVESTMENTS, LLC

Ref. Number: W16000012986

We have received your document for V & V CORPORATE INVESTMENTS, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Tim Burch Regulatory Specialist II

Letter Number: 916A00003615

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convene "Other Business Entity" into a Florida Limited Liability Company in accordance with			
Statutes.			
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles V & V CORPORATE INVESTMENTS, INC.	of Conve	6 <u>1</u> 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	• 17 HURAS
(Enter Name of Other Business Entity)	CO TO	ယ်	g american d
2. The "Other Business Entity" is a Corporation	m o	P	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	STATE LORID	0.5	S. S
First organized, formed or incorporated under the laws of Florida	3>		
02/09/2000 (Enter state, or if a non-U.S. entity, the na	ame of the o	countr	y)
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	es of Org	ganiza	ation:
V & V CORPORATE INVESTMENTS, 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 date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the s date listed in the attached Articles of Organization, if an effective date is listed therei <u>Note</u> : If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	ame as th n.)	he eff	ective

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 31 day of DECEMBER	20 15	
Signature of Authorized Representative o		
Signature of Authorized Representative: Printed Name: PETER YORE	Title: AMBR	_
Signature(s) on behalf of Other Business En	ntity: [See below for required signature(s)]	
Signature:	Title: V	_
6: 1/-1/		-
Printed Name: PETER YORE	Title: PRES	_
S'		
Printed Name:	Title:	
Signature:	Title:	
Printed Name:	Title:	
Signature:		_ AE
Signature:Printed Name:	Title:	
Signatura		22-5-1 -20
Printed Name:	Title:	Fig. 7
		PH 4:50 OF STATE E.FLORIDA
If Florida Corporation:		ORIGINATION OF THE PROPERTY OF
Signature of Chairman, Vice Chairman, Direct		© ₹ 50
If Directors or Officers have not been selected	i, an incorporator must sign.	
If Florida General Partnership or Limited I Signature of one General Partner.	Liability Partnership:	
If Florida Limited Partnership or Limited I Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organiza Certified Copy: Certificate of Status:	\$25.00 ation: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:
V & V CORPORATE INVESTMENTS, LLC	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11373 Countryway Blvd	P. O. BOX 1233
Tampa, FL 33626	ODESSA, FL 33556
Florida street address (P.O.	registered agent are: 1 + Associates Law + Tith PA e
Tampa	FL 33626
City	Zip SS 5
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as regional acceptance.	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

	Name and Address:
"AMBR" = Authori	
"MGR" = Manager	
AMBR	Peter Yore
	P O BOX 1233
	Odessa, FL 33556
AMBR	Linda M Yore
\	P O BOX 1233
	Odessa, FL 33556
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(Use attachment if n	$oldsymbol{P}_{i,j}$
	1000000 PU }
ICLE V: Effective dat effective date	te, if other than the date of filing: (OPTIONAL) d, the date must be specific and cannot be more than five business day
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ICLE V: Effective dat a effective date is listed 90 days after the date If the date inserted in this beent's effective date on the lister ICLE VI: Other provis REQUIRED SIGN Signat This docum I am aware	te, if other than the date of filing:

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)

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