L17000128715

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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7 JUN 13 AM 9: 17

T. BURCH JUN 1 4 2017

COVER LETTER

TO: New Filing S Division of C					
	T REALTY & MANAGE	MENT LLC			
SUBJECT:	(Name of Res	sulting Florida Limit	ed Com	pany)	
		-		d fees are submitted to convert an "cordance with s. 605.1045, F.S.	Other
Please return all corr	espondence concernin	g this matter to:			
CHARLESS TRIPP					
	(Contact Person)				
VALIANT REALTY &	PROPERTY MANAGEM	ENT INC.			
	(Firm/Company)		•		
5717 SALERNO ROAD	WEST				
	(Address)				
JACKSONVILLE FLOI					
(1	City, State and Zip Code)		•		
CHARLESTRIPP@VAI	LIANTREALTYPM.COM				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
CHARLES TRIPP		_at (862 22	200	
(Name of Conta	act Person)	(Area Code)	(Dayt	time Telephone Number)	
	for the following amou a bank located in the	` _	rocesso	ed by this office must be payable ir	ı 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 Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAIL	NG A	DDRESS:	
New Filing Section	•	New Fi			
Division of Corporat	ions			orporations	
Clifton Building		P. O. B	ox 632	27	

Tallahassee, FL 32314

32301

2661 Executive Center

Circle Tallahassee, FL

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

17 JUN 13 AH 9: 17

A SACIDAT OF STATE
ALLAHASSEE, FLORID

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 Conversion is: VALIANT REALTY & PROPERTY MANAGEMENT INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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
MARCH 16TH, 2016 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
VALIANT REALTY & MANAGEMENT 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 calendar 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 Organization, if an effective date is listed therein.) 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 <u>9TH</u>	day of <u>JUNE</u>	20_17
	thorized Representative of Limi	
Signature of Auth	norized Representative:	2 ~ ~
Printed Name: CH	ARLES TRIPP	Title: OWNER
Signature(s) on b	ehalf of Other Business Entity:	[See below for required signature(s)]
	(2 ~ Z	
Signature.	· · · · · · · · · · · · · · · · · · ·	
Printed Name: CH	ARLES TRIPP	Title: PRESIDENT
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Cianatura		
Printed Name:		Title:
Timed Name		
Signature:		
Printed Name:		Title:
Cianatura		
		Title:
rimed Name		
If Florida Corpo	ration:	
Signature of Chair	man, Vice Chairman, Director, or	Officer.
If Directors or Off	icers have not been selected, an In-	corporator must sign.
ISTILLIA C.	-1 D4	tu. Danda analika
Signature of one (<mark>al Partnership or Limited Liabili</mark> Feneral Partner	ty rarinersnip;
	Sonorui I uruioi.	
	<u>d Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALI	≟ General Partners.	
All othoms		
All others: Signature of an au	thorized person	
Signature or air au	anorized person.	
Fees:		
Articles o	f Conversion:	\$25.00
	lorida Articles of Organization:	\$125.00
Certified (_	\$30.00 (Optional)
	e of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
VALIANT REALTY & MANAGEMENT LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is
	•
Principal Office Address:	Mailing Address:
5717 SALERNO ROAD WEST	4495-304 ROOSEVELT BLVD SUITE 116
JACKSONVILLE FL 32244	JACKSONVILLE FL 32210
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
CHARLES TRIPP	
Nam	e
5717 SALERNO ROAD WEST	
Florida street address (P.C	D. Box NOT acceptable)
JACKSONVILLE	FI 32244

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

Zip

Registered Agent's Signature (REQUIRED)

City

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR — Manager	CHARLES TRIPP	
	5717 SALERNO ROAD WEST	
	JACKSONVILLE FL 32244	
		<u> </u>
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		33.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35.55 35 35 35 35 35 35 35 35 35 35 35 35 3
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		70 3 1 D
		9.
(Use attachment if necessary)		設計コ
ICI E V. Effective data if other than t	he date of filing;JULY 1ST, 2017	(OPTIONAL)
n effective date is listed, the date mus r to or 90 calendar days after the date	st be specific and cannot be more that of filing.) the applicable statutory filing requirements, the	n five business days
TICLE VI: Other provisions, if any.		
TOLLE THE Outer provisions, it any.		

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

CHARLES TRIPP

REQUIRED SIGNATURE:

ARTICLE IV-

Typed or printed name of signee

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)