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

Office Use Only



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# · · · COVER LETTER

TO: New Filing			
Division of	Corporations		
SUBJECT:	Vermont Traders, LLC		
	(Name of Re	sulting Florida Limited C	ompany)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all con	respondence concernin	g this matter to:	
Roger Amat	o		
	(Contact Person)	-	
Vermont Trade	rs, LLC		
	(Firm/Company)		
433 Alhambra	a Road		
	(Address)		
Venice, Floric	la 34285		
	(City, State and Zip Code)		
roger.amato@	gmail.com		
E-mail Address: (to	be used for future annual re	port notifications)	
For further informa	tion concerning this ma	itter, please call:	
Roger Amat	0	at (802 ) 356-	-4988
(Name of Con	tact Person)	(Area Code) (D	aytime Telephone Number)
	for the following amount a bank located in the		essed 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 Fees and Certified Copy	☑S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRE New Filing Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	ntions nter Circle	New Filing Division of P. O. Box 6	Corporations

#### **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 Conversion is:  Vermont Traders, LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Limited Liability Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of Vermont
* •	(Enter state, or if a non-U.S. entity, the name of the country)
or	July 26. 2013
•	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
V	ermont Traders, LLC
	(Enter Name of Florida Limited Liability Company)
(I th	If not effective on the date of filing, enter the effective date:  Che 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.)  Ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.
	17 0CT -3

Signed this 25th day of September	20 <u>17</u>
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative:	
Printed Name: Roger Amato	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Deb-J. Amato	
Printed Name Debra (mato	Title: Manager
1-1 /1-1	
Signature: / Ma My/	m Mambar
Printed Name: Peter Amate	Title: Member
Signature:	
Printed Name: Philip Amato	Title: Member
Finned Name.	Tide,
Signature:	
Printed Name:	
Signatura	
Printed Name:	Title:
i intec ivane.	
Signature:	
Printed Name:	Title:
<b>▼</b>	
If Directors or Officers have not been selected, an I	ncorporator must sign.
If Florida Canaral Partnership or Limited Liahi	lity Partnership
	nty i arthership.
organization of one concrete territor.	
If Florida Limited Partnership or Limited Liabil	lity Limited Partnership:
Signatures of ALL General Partners.	
<del>-</del>	
All others:	
Signature of an authorized person.	
Coor	
All others:	Title:Title:Totale:Title: r Officer. incorporator must sign.  lity Partnership:

\$25.00

\$125.00

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

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Vermont Traders, LLC		
(Must contain the words "Limited Lial	hility Company "L.L.C." or "U.C.")	<del></del>
(**************************************	om, company, 2,2,0,, c. 220, ,	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
422 Albumbas Dood	(22 Albandan David	
433 Alhambra Road Venice, Florida 34285	433 Alhambra Road	
venice, Florida 34283	Venice, Florida 34285	<del></del>
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the	egistered Agent. You must designate a	
	ie registered agent are.	
Roger Amato		
Na	ame	
433 Alhambra Road		
	P.O. Box NOT acceptable)	
	<del></del> -	
Venice	FL 34285	
City	Zip	
	d in this certificate, I hereby a pacity. I further agree to com te performance of my duties,	iccept the appointment as ply with the provisions of all and I am familiar with and
		3 1 7

## ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Debra Amato
	433 Alhambra Road
	Venice, Florida 34285
<del></del>	
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(Use attachment if necessary)	,
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(222 2000 in necessary)	AH 9: 02
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LE V: Other provisions, if any.	garita Davida A
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member co with section 605.0203 (1) (b), Florida Statutes. I am aware that
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document is a document in a docum	r an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member co with section 605.0203 (1) (b), Florida Statutes. I am aware that

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)