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(Requestor	s Name)
(Address)	
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PICK-UP	WAIT MAIL
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Special Instructions to Filing O	 fficer:
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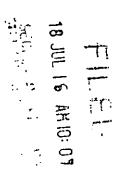
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COVER LETTER

TO: New Filing Son Division of C					
SUBJECT: ILFORD	GROUP LLC				
	(Name of Res	ulting Florida Limi	ted Cor	npany)	-
				nd fees are submitted to eccordance with s. 605.1	
Please return all corre	espondence concerning	g this matter to:			
JOAO PEDRO VOLZ					
	(Contact Person)		-		
VD&T INTERNATION	AL				
	(Firm/Company)		_		
150 SE 2ND AVE SUIT	E 905				
	(Address)	<u> </u>	-		
MIAMI, FL 33131					一 —
((City, State and Zip Code)		-		
incorporation@vdtintern	ational.com				· · · · · ·
E-mail Address: (to b	e used for future annual re	port notifications)	-		1. 宝
For further information	on concerning this ma	tter, please call:			18 JUL 15 AM 10: 07
JOAO PEDRO VOLZ		_at (503-	9867	· ·
(Name of Conta	ct Person)	(Area Code	(Day	ytime Telephone Number)	-
	or the following amou a bank located in the		roces	sed by this office must b	oe 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 Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAIL	ING A	ADDRESS:	
New Filing Section		New F	_		
Division of Corporati	ions			Corporations	
Clifton Building		P. O. E	OX 03	<i>L1</i>	

Tallahassee, FL 32314

2661 Executive Center Circle

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.

	of Other Business Entity)
2. The "Other Business Entity" is a	SINESS COMPANY
(Enter entity type. Example: corpora	ation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated und	ler the laws of
o.g	(Enter state, or if a non-U.S. entity, the name of the country)
September 22nd, 2010	
on (date of organization, formation or incorporation	<u>n)</u>
3. The name of the Florida Limited Liabilit	ty Company as set forth in the attached Articles of Organization:
(Enter Name of Florida	Limited Liability Company)
	ate of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Flo Note: If the date inserted in this block does not mee document's effective date on the Department of Stat	et the applicable statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block does not mee document's effective date on the Department of State	et the applicable statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block does not mee document's effective date on the Department of Stat 5. The plan of conversion has been approve	et the applicable statutory filing requirements, this date will not be listed as the e's records. d in accordance with all applicable statutes. has agreed to pay any members having appraisal rights the amount to

,			
Signed this 18th	day of June	20_18	
Signature of Author	rized Representative o	of Limited Liability Company:	
Signature of Authori	zed Representative:	Title: MGR	
		ntity: {See be)6}w for required signature(s)]
Signature: Printed Name: SEX 61		Tiple: MGR	<u>-</u>
Signature:) ()		
Signature:		Title:	
Printed Name:		Title:	_
Signature:		Title:	
Printed Name:		Title:	<u> </u>
If Florida Corporati	ion: m, Vice Chairman, Direc	etar or Officer	
		d, an Incorporator must sign.	inger -
If Florida General P Signature of one Gene	Partnership or Limited	Liability Partnership:	
		T to Little . T to the 1 Th	
Signatures of ALL G		Liability Limited Partnership:	A 10.
All others: Signature of an author	rized person		AM 10: 07
Fees:	riboa person.		

Articles of Conversion:

\$25.00 \$125.00

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

\$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:

(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2950 NE 188TH ST. APT 118	150 SE 2ND AVE, SUITE 906
AVENTURA, FL 33180 US	MIAMI, FL 33131 US
business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are:
VDT CORDORATE SE	7
VDT CORPORATE SE	RVICES LLC
VDT CORPORATE SE	RVICES LLC
VDT CORPORATE SE	RVICES LLC
150 SE 2ND AVE, SUI	Name RVICES LLC
150 SE 2ND AVE, SUI	TE 905

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	SERGIO JOELSONS
	2950 NE 188TH ST. APT 118
	AVENTURA, FL 33180 US
MGR	DENIS JOELSONS
	2950 NE 188TH ST. APT 118
	AVENTURA, FL 33180 US
MGR	RICARDO JOELSONS
	2950 NE 188TH ST. APT 118
	AVENTURA, FL 33180 US
	<u>:</u>
	
(Use attachment if necessary)	·
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LEV: Other provisions if any	
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REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of	an authorized representative of a member
Signature of a member of This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes. I am awaynent to the Department of State constitutes a third degree
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	with section 605,0203 (1) (b), Florida Statutes. I am awa
Signature of a member of This document is executed in accordance any false information submitted in a document.	with section 605 0203 (1) (b), Florida Statutes. I am awa

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)