# L1900003331

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| - (Ād                   | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



300322238663

12/27/18--01086--026 \*\*180.00

FILED
2018 DEC 27 PH 12: 57
SECRETARY OF STARL
SECRETARY OF STARL



#### **COVER LETTER**

| SUBJECT: VALTY LLC  (Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  Anthony Morales  (Contact Person)  MyUSAcorporation.com  (Firm/Company)  1 Radisson Plaza, Suite 800  (Address)  New Rochelle, NY 10801  (City. State and Zip Code)  qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  (Name of Contact Person)  (Name of Contact Person)  (Daytime Telephone Number) |
|---|
| (Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion. Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  Anthony Morales  (Contact Person)  MyUSAcorporation.com  (Firm/Company)  1 Radisson Plaza, Suite 800  (Address)  New Rochelle, NY 10801  (City. State and Zip Code)  qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person)  (Name Code) (Daytime Telephone Number)               |
| Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  Anthony Morales  (Contact Person)  MyUSAcorporation.com  (Firm/Company)  1 Radisson Plaza. Suite 800  (Address)  New Rochelle, NY 10801  (City. State and Zip Code)  qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  (Name of Contact Person)  at (877 (Area Code) (Daytime Telephone Number)   |
| Anthony Morales  (Contact Person)  MyUSAcorporation.com  (Firm/Company)  1 Radisson Plaza, Suite 800  (Address)  New Rochelle, NY 10801  (City. State and Zip Code) qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person)  (Daytime Telephone Number)   |
| (Contact Person)  MyUSAcorporation.com  (Firm/Company)  1 Radisson Plaza, Suite 800  (Address)  New Rochelle, NY 10801  (City. State and Zip Code) qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  |
| MyUSAcorporation.com  (Firm/Company)  1 Radisson Plaza, Suite 800  (Address)  New Rochelle, NY 10801  (City. State and Zip Code) qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  |
| (Firm/Company)  1 Radisson Plaza, Suite 800  (Address)  New Rochelle, NY 10801  (City. State and Zip Code) qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  |
| 1 Radisson Plaza, Suite 800  (Address)  New Rochelle, NY 10801  (City. State and Zip Code)  qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person)  (Daytime Telephone Number)   |
| New Rochelle, NY 10801  (City, State and Zip Code)  qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person)  (Daytime Telephone Number)   |
| New Rochelle, NY 10801  (City. State and Zip Code)  qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)   |
| (City, State and Zip Code)  qdwvl@aol.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person) (Area Code) (Daytime Telephone Number)  |
| E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |
| E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |
| For further information concerning this matter, please call:  Anthony Morales  at (877 ) 330-2677  (Name of Contact Person) (Area Code) (Daytime Telephone Number)  |
| Anthony Morales at (877 ) 330-2677  (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |
|   |
| Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  |
| \$150.00 Filing Fees (\$25 for Conversion & and Certificate of & Status  Status  \$185.00 Filing Fees & S185.00 Filing Fees & Certified Copy & Certificate of Status  \$185.00 Filing Fees & Certified Copy & Certificate of Status   |
| STREET ADDRESS: MAILING ADDRESS:  |
| New Filing Section New Filing Section   |
| Division of Corporations  Division of Corporations  Division of Corporations  |
| Clifton Building P. O. Box 6327 2661 Executive Center Tallahassee, FL 32314   |

32301

Circle Tallahassee, FL

## FILED

#### Articles of Conversion

For

2018 DEC 27 PM 12: 57

#### "Other Business Entity"

Into

SECRETARY OF STATE TALLAHASSEE, FLORID

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florica Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| VALTY LLC   | asiness Entity" immediately prior to the filing of the Articles of Conversion i   | s: |
|---|---|----|
|   | (Enter Name of Other Business Entity)   |    |
| 2. The "Other Business Ent  | y" is a Limited Liability Company   |    |
|   | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |    |
| First organized, formed or ir   | orporated under the laws of   |    |
| 04/06/2016<br>on  | (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 I  | mited Liability Company as set forth in the attached Articles of Organizati   | on |
| (Ente   | Name of Florida Limited Liability Company)  |    |
| (I he effective date: 1) can<br>after the date this documen<br>the effective date listed in t | of filing, enter the effective date:  of the prior to date of receipt or filed date nor more than 90 calendar days is filed by the Florida Department of State; AND 2) must be the same as a attached Articles of Organization, if an effective date is listed therein.)  ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |    |
| 5. The plan of conversion has   | Deen approved in accordance with all applicable grounds   |    |

- en 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 en itled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed this 6th day of November  | 20_18                           |                  |
|--|---------------------------------|------------------|
| Signature of Authorized Representative: Authorized Representative: Printed Name: VALERIE DEBOARD-QUELLA                |                                 |                  |
| Signature: John Do Pool On M.  |                                 |                  |
| Printed Name: VALERIB DEBOARD-SORLLA Signature:  |                                 |                  |
| Printed Name:  Signature: Printed Name:  |                                 |                  |
| Signature: Printed Name:   |                                 |                  |
| Signature: Printed Name:   |                                 | FILED PHIZ: 57   |
| Signature: Printed Name:   | Title:                          | ASSET            |
| If Finrida Corporation:<br>Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inco | ffloor.<br>opporator must sign. | 12: 57<br>12: 57 |
| If Florida General Partnership or Limited Liability<br>Signature of one General Partner.                               | •                               |                  |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.                                | Limited Partnership:            |                  |
| All others:<br>Signature of an authorized person.  |                                 |                  |

\$25.00

\$125,00 \$30.00 (Optional) \$5.00 (Optional)

Fees:

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| VALTY LLC   |   |   |                           |
|---|---|---|---------------------------|
|   | (Must contain the words "Limited Lin  | bility Company, "L.L.C.," or "LLC.")  | <del></del>               |
| ARTICLE II  | - Address:  |   |                           |
| The mailing ad  | idress and street address of th   | e principal office of the Limited I   | lability Company is:      |
| Principal Offi  | ce Address:   | Mailing Address:  |                           |
| 1306 RIVAGE C   | PIRCLE  | 1306 RIVAGE CIRCLE  |                           |
| DR ANDON E  |   |   |                           |
| APTICLE III   |   | BRANDON, FL 33511   |                           |
| ARTICLE III   | - R. gistered Agent, Registe  | BRANDON, FL 33511  red Office, & Registered Agent egistered Agent, You must dealgrate an indi             | 's Signature:             |
| ARTICLE III (The Llimited Liabilibusiness entity with | R gistered Agent, Registe   | red Office, & Registered Agent<br>egistered Agent, You must dealgnate an indi                             | 's Signature: 20 8 DEC 2  |
| ARTICLE III (The Llimited Liabilibusiness entity with | R gistered Agent, Registe llty Company cannot serve as its own R th an active Florida registration.)  | red Office, & Registered Agent<br>egistered Agent, You must designate an indi<br>no registered agent are: | vidual or mother 18 DEC 2 |
| ARTICLE III (The Llimited Liabilibusiness entity with | I - R. gistered Agent, Registe Illy Company cannot serve as its own R th an active Florida registration.) the Florida street address of the VALERIE DEBOARD-QUE                         | red Office, & Registered Agent<br>egistered Agent, You must designate an indi<br>no registered agent are: | vidual or mother 18 DEC 2 |
| ARTICLE III (The Llimited Liabilibusiness entity with | I - R. gistered Agent, Registe Illy Company cannot serve as its own R th an active Florida registration.) the Florida street address of the VALERIE DEBOARD-QUE                         | red Office, & Registered Agent egistered Agent will must design sto an indi-<br>no registered agent are:  | vidual or mother 18 DEC 2 |
| ARTICLE III (The Llimited Liabilibusiness entity with | Le R. gistered Agent, Registe lity Company cannot serve as its own R th an active Florida registration.) the Florida street address of the  VALERIE DEBOARD-QUE  No. 1306 RIVAGE CIRCLE | red Office, & Registered Agent egistered Agent will must design sto an indi-<br>no registered agent are:  | VIDUAL OF BLOCKE LARY U   |
| ARTICLE III (The Llimited Liabilibusiness entity with | Le R. gistered Agent, Registe lity Company cannot serve as its own R th an active Florida registration.) the Florida street address of the  VALERIE DEBOARD-QUE  No. 1306 RIVAGE CIRCLE | red Office, & Registered Agent<br>egistered Agent, You must designate an indi<br>no registered agent are: | vidual or mother 18 DEC 2 |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the lace 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 603, F.S.

Registered Agent's Signature (REQUIRED)

| Title  | Name and Address:   |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager   | <del></del>   |
| AMBR MIRRIE WILLIAM  | VALERIE DEBOARD-QUELLA  |
|  | 1306 RIVAGE CIRCLE  |
|  | BRANDON, FL, 33511  |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  | ALL IN COLUMN   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| <b>7.</b>  |   |
| (Use structment if necessary)  CLE V: Effective date, if other than the effective date is listed, the date must  | e date of filing: . (OPTIONAL   |
| CLE V: Effective date, if other than the effective date is listed, the date must our 98 calendar days after the date of  | be specific and cannot be more than five business die filing.)  he applicable statutory filing requirements, this date will not be that i records.  |
| CLE V: Effective date, if other than the effective date is listed, the date must o or 90 calendar days after the date of the date inserted in this block does not meet if it's effective date on the Department of State's   | be specific and cannot be more than five business die filing.)  he applicable statutory filing requirements, this date will not be that i records.  |
| CLE V: Effective date, if other than the effective date is listed, the date must o or 90 calendar days after the date of the date inserted in this block does not meet if it's effective date on the Department of State's   | of filing.)  he applicable statutory filing requirements, this date will not be that i records.   |
| CLE VI Effective date, if other than the effective date is listed, the date must o or 90 calendar days after the date of the date inserted in this block does not meet it of a effective date on the Department of State's CLE VI: Other provisions, if any.   | be specific and cannot be more than five business di filing.) he applicable statutory filing requirements, this date will not be the records.   |
| CLE V: Effective date, if other than the effective date is listed, the date must o or 90 calendar days after the date of the date inserted in this block does not meet if it's effective date on the Department of State's   | be specific and cannot be more than five business di filing.) he applicable statutory filing requirements, this date will not be the records.   |
| CLE VI Effective date, if other than the effective date is listed, the date must of or 90 calendar days after the date of the date inserted in this block does not meet that's effective date on the Department of State's CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in act I am sware that any takes informs  | of filing.)  he applicable statutory filing requirements, this date will not be that records.  Or an authorized representative of a member.  pordance with section 605,0203 (1) (b), Florida Statutes.  |
| CLE V: Effective date, if other than the effective date is listed, the date must of or 90 calendar days after the date of the date inserted in this block does not meet that's effective date on the Department of State's CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in act I am ewere that any false informations a third digree follows:                             | of filing.)  he applicable statutory filing requirements, this date will not be that records.  Or an authorized representative of a member.  coordance with section 605,0203 (1) (b), Florida Statutes.  tition submitted in a document to the Department of State as provided for in 8,817.155, F.S. |
| CLE V: Effective date, if other than the effective date is listed, the date must of or 90 calendar days after the date of the date inserted in this block does not meet if at's effective date on the Department of State's CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in act I am eware that any talse informs constitutes a third digree fallony a VALERIE DEBOARD-QU | of filing.)  he applicable statutory filing requirements, this date will not be that records.  Or an authorized representative of a member.  coordance with section 605,0203 (1) (b), Florida Statutes.  tition submitted in a document to the Department of State as provided for in 8,817.155, F.S. |

ARTICLE IV-