L20000214572

(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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SECRETARY OF STATE

N CULLIGAN

COVER LETTER

TQ:	New Filing S Division of C			-	
CHDI	IECT: VERMA	TI, LLC			
SUBJ	IECI:	(Name of Res	ulting Florida Limit	ed Cor	npany)
					nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concerning	g this matter to:		
ANDR	RES MONROY				
		(Contact Person)	-	-	
MONE	ROY & CO. PA				
		(Firm/Company)			
150 S	E 2 AVE # 1005			-	
		(Address)			
MIAM	I, FL 33131				
		City, State and Zip Code)			
		IROYCOPA.COM			
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fi	ırther informati	on concerning this ma	tter, please call:		
ANDR	RES MONROY		_at (305	\749-	5555
(Name of Contact Person)			(Area Code)	Day	ytime Telephone Number)
		For the following amou a bank located in the		roces	sed by this office must be payable in US
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	☐S155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C	ection		New	t Address: Filing Section ion of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

er

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July 6, 2020

ANDRES MONROY MONROY & CO, PA 150 SE 2 AVE #1005 MIAMI, FL 33131

SUBJECT: VERMATI, LLC Ref. Number: W20000069036

We have received your document for VERMATI, 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):

Verify the spelling of the city in Article II principal and mailing address.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 920A00013104

FILED

2020 JUL 21 PM 1: 19

Articles of Conversion For

"Other Business Entity" Into

SECRETARY OF STATE TALLAHASSEE, FL

Florida Limited Liability Company

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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion i VERMATI 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 trus
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trus
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
01/27/2017 on .
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizat VERMATI, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days a the date this document is filed by the Florida Department of State.)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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 amour which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed th	his 10 day of JUNE	20	
Signatuı	re of Authorized Representative o	of Limited Liabil)ty Company:	
•			
Signatur	e of Authorized Representative:	accel 19ez	
Printed N	Name: MANUEL PAEZ	Title: MANAGER	
		ntity: See below for required signature(s)]
Signature	Mawellacz		
Printed N	ame: MANUEL PAEZ	Title: PRESIDENT	
Signature	2:		
Printed N	lame:	Title:	
Signature		Tist	
rinied N	Name:	Title:	
Signaturo	2:		
Printed N	Vame:	Title:	
Signature	D:		
Printed N	Vame:	Title:	
C:			
Signature Drinted N	Isma:	Title:	
rimed r	Same	11000	
If Florid	a Corporation:		
	e of Chairman, Vice Chairman, Direc	tor, or Officer.	
_	ors or Officers have not been selected		
	a General Partnership or Limited I	Liability Partnership:	
Signature	e of one General Partner.		
If Elamid	a Limited Dautneyshin as Limited I	Liability Limited Dautnarchin.	
	a Limited Partnership or Limited I es of ALL General Partners.	Liaunity Limited Farthership:	
orginature	des of ALLS General Futurers.		
All other	rs:		
	e of an authorized person.		
<u>Fees:</u>			
	unialan af Caussian	625.00	
	Articles of Conversion:	\$25.00	
	ees for Florida Articles of Organiza		
	Certified Copy: Certificate of Status:	\$30.00 (Optional)	
C	letinicate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the I	Limited Liability Compa	ny is:	
VERMATI, LLC			
(N	fust contain the words "Limited"	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		the principal office of the Limit	ed Liability Company
Principal Office	Address:	Mailing Address:	
17049 MAGNOLIA		17049 MAGNOLIA ISLAN	D BLVD
(The Limited Liability)		stered Office, & Registered Ag n Registered Agent. You must designate ar	individual or another
The name and the	e Florida street address of	f the registered agent are:	SECRETARY OF STALLATIVESSEE.
	ANDRES MONROY / M	ONROY & CO. PA	三
Name			SS - 1
	150 SE 2 AVE # 1005		EE, FL
	Florida street address (P.O. Box NOT acceptable)		
	MIAMI	FL ³³¹³¹	1''
	City	Zip	

Having been named as registered agent and to accept service of process for the above stated linliability company at the place designated in this certificate, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provisions a statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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/-	П	11	٠.	Lal	Г.	•	¥ -

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

<u>Title:</u>	Name and Address:				
"AMBR" = Authorized Membe "MGR" = Manager	T				
MGR	MANUEL PAEZ				
	199 OCEAN LANE DR907				
	KEY BISCAYNE, FL 33149				
	(2)				
/II 1 10	SECRETARY FINITE AND CANAGE AND				
(Use attachment if necessary)					
ARTICLE V: Other provisions, if any.	ကိုက္ T ကျောင်း = ကြာသည် =				
ARTICLE V. Other provisions, it ality.	# # # # # # # # # # # # # # # # # # #				

	111				
REQUIRED SIGNATURE:	Mawel Vaez.				

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.

MANUEL PAEZ

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)