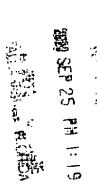
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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2020 SEP 25 AM 10: 01

MC. S1P . 3

### Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9/25/2020				
ENTITY NAME VUMERGO, LLC				
DOCUMENT NUMBER				
	**PLEASE FILE THE ATTACHED AND RETURN**			
xxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**			
	Certified Copy of Arts & Amendments			
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)			
	Certificate of Status			
	Certificate of Status Reflecting:			
	**APOSTILLE' / NOTARIAL CERTIFICATION**			
COUNTRY OF DESTINA NUMBER OF CERTIFICA				
VUMDER OF CERTIFICA	TES REQUESTED			
TOTAL OWED \$ 150	ACCOUNT # 120160000072 4: 1			
Please call Tina at t	he above number for any issues or concerns. Thank you so much!			

FILED

2020 SEP 25 AM 10: 01

SECRETARY OF STATE TALLAH-BSEE, FL

## 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 8,605,1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Vumergo, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
05/15/2019
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Vumergo, 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 after the date this document is filed by the Florida Department of State.)  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 23rd	day of September	20_20
		1
	norized Representative of Lin	
Signature of Author	orized Representative:	Lla
Printed Name: Ada	y Rodrigue	Title: Member
	1	Title:
Signature(s) on be	half of Other Business Entity:	[See below for required signature(s)]
		, ,
Signature:	Aday	
Printed Name: Ada	y Rodriguez /	Title: Member
Signature:		
Printed Name:		Title;
		Title.
Signature:		
Printed Name:		Title:
Signature:	·	
Printed Name:		Title:
Signature:		
Printed Name:	***************************************	Title:
· <u></u>		1100.
Signature:		
Printed Name:		Title:
If Elmida Com	,•	
If Florida Corpora	<del>anon:</del> nan, Vice Chairman, Director, or	CYCC
If Directors or Offic	pers have not been selected, an Ir	Officer.
in some control of the	oors have not been selected, all fi	icorporator must sign.
<u>If Florida General</u>	Partnership or Limited Liabil	ity Partnership:
Signature of one Go	eneral Partner.	<del></del>
	Partnership or Limited Liabil	ity Limited Partnership:
Signatures of <u>ALL</u>	General Partners.	
All others:		
Signature of an auth	norized person.	
~	1	
Fees:		
Articles of	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified Co		\$30.00 (Optional)
Certificate (		\$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Mariana III C		
Vumergo, LLC (Alust contain the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
Visitasi comani die words Elife	red blacking Company, Lander, or LLC.	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
2322 SW Trafalgar Pkwy.	2322 SW Trafalgar Pkwy.	
Cape Coral, FL 33991	Cape Coral, FL 33991	<del>,</del>
ARTICLE III - Registered Agent De	agistared Office & Davistary I I and	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an indi	vidual or another
(The Estimated Erability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an indistrict soft the registered agent are:	vidual or another SECRETALLAH
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an indistrict soft the registered agent are:	vidual or another SECRETALL SEP 25
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an indistrict sof the registered agent are:  Name	vidual or another SECRETALL SEP 25
The name and the Florida street address  InCorp Services, Inc.  17888 67th Court No	own Registered Agent. You must designate an indistrict sof the registered agent are:  Name	VIDUA OF STATE SECRETATION OF STATE SECRETATION OF STATE STATE SECRETATION OF SECRETATI
The name and the Florida street address  InCorp Services, Inc.  17888 67th Court No	own Registered Agent. You must designate an industry of the registered agent are:  Name	vidual or another SECRETALL SEP 25

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:

"MGR" = Manager		
AMBR	Aday Rodriguez	
	2322 SW Trafalgar Pkwy. Cape Coral, FL 33991	
	Cape Coral, FL 33991	
<del></del>		
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(Use attachment if necessary)	in the second se	;
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LEV: Other provisions, if any.	FLA	č
	H	-
DEGETOED STORY	/ //	
REQUIRED SIGNATURE:	$\sim 11$ $h$ , $1$	
•	XX CUX	
-		
Signature of a member or	an authorized representative of a member	
Signature of a member of	with section 605.0203 (1) (b), Florida Statutes. I am aware that	

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)