CUOCOCO 3435554

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

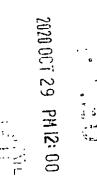
Office Use Only

J. FASON NOV 1 0 2020



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COVER LETTER

Division of C	forporations			
SUBJECT: VI EAGL	E CORP			
50D011C1	(Name of Re	sulting Florida Lir	nited Co	mpany)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to):	
Raquel B Mowrer				
	(Contact Person)		- ,	
On Target Business Se	olutions LLC			
	(Firm/Company)		_	
7021 Grand National	Dr ste 100			
	(Address)			
Orlando, FI 32819				
((City, State and Zip Code)		_	
	montarget. Co			
For further information	on concerning this ma	tter, please call	:	
Raquel B Mowrer		_at (745-	1706
(Name of Conta	ct Person)	(Area Cod	le) (Day	ytime Telephone Number)
	or the following amou a bank located in the		proces	sed 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 and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Adda New Filing So				t Address: Filing Section
Division of C				ion of Corporations
P.O. Box 632	7		The C	Centre of Tallahassee
Tallahassee, F	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

Articles of Conversion For "Other Business Entity"

lnto

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 Convers VI EAGLE CORP	ion is:
(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 busines	
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the cou	ntry)
03/23/2020	
on	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organ VI EAGLE CORP	ization:
(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 date 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 document's effective date on the Department of State's records.	•

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 19th day of October	_ 20 <u>_ J. O</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: OLACIK LEME	Title: PRESIDENT
Signature(s) on behalf of other Business Entity:	See below for required signature(s)]
Signature: OLACIR 1 FME	Title: AMBR
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
VI EAGLE LLC	
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4030 TOWNSHIP SQUARE BLVD	4030 TOWNSHIP SQUARE BLVD
APT 714	APT 714
ORLANDO, FL 32837	ORLANDO, FL 32837
The name and the Florida street address of ON TARGET BUSINESS	S SOLUTIONS LLC
'	Name
7021 GRAND NATIONA	L DR STE 100
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Orlando	FL 32819
City	Zip
liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and compaccept the obligations of my position of	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as vapacity. I further agree to comply with the provisions of all olete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

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	
AMBR	Olacir Leme
	4030 TOWNSHIP SQUARE BLVD APT 714
	ORLANDO, FL 32837
AMBR	Rafaela Ferreira da Silva Leme
744014	4030 TOWNSHIP SQUARE BLVD APT 714
	ORLANDO, FL 32837
	ONDANDO, 1 E 02001
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(Heapttachment if pagesceru)	,
(Use attachment if necessary)	
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CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	THE THE
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155. F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fellowers.
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155. F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware to

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)