LZ100007157

(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:





500353164675

10/08/20--01003--027 **185.00

2020 HOY -3 AH 5: 2

COVER LETTER,

Division of Corporations			
SUBJECT: VIL FINANCIAL SERVICES, LLC	>		
(Name of Re	sulting Florida Li	mited Co	mpany)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited L			
Please return all correspondence concernir	ng this matter to) :	
VILSENEMETAYER			
(Contact Person)			
VIL FINANCIAL SERVICES, LLC			
(Firm/Company)			
4521 NW 32ND COURT			
(Address)			
LAUDERDALE LAKES, FL 33319			
(City, State and Zip Code)			
VFS@VILFINANCIALSERVICES.COM			
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	itter, please cal	1:	
VILSENEMETAYER	_at ()_383-	0864
(Name of Contact Person)	(Area Coo	le) (Day	vtime Telephone Number)
Enclosed is a check for the following amound dollars and drawn on a bank located in the		s 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 Fili and Certified C		S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section			t Address: Filing Section
Division of Corporations		Divis	ion of Corporations
P.O. Box 6327			Centre of Tallahassee
Tallahassee, FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section



October 23, 2020

VILSENE METAYER 4521 NW 32ND CT LAUDERDALE LAKES, FL 33319

SUBJECT: VIL FINANCIAL SERVICES, LLC

Ref. Number: W20000123084

We have received your document for VIL FINANCIAL SERVICES, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 420A00021090

2020 MOY -3 PM 12: 07

COVER LETTER

TO:	New Filing S Division of C				
SUB	IECT: CAPTUR	REME & DJ SERVICES,	LLC		
			sulting Florida Limi	ted Con	npany)
The e Busin	enclosed Article less Entity" into	s of Conversion, Artic a "Florida Limited L	les of Organizati iability Company	ion, an	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
VILSE	ENEMETAYER				
		(Contact Person)		-	
CAPT	FUREME & DJ S	ERVICES,LLC			
		(Firm/Company)		-	
4521	NW 32ND COUP	RT			
		(Address)		-	
LAUD	DERDALE LAKES	5,FL 33319			
•	(1	City, State and Zip Code)		-	
CAPT	UREMEDJSER!	/ICES@GMAIL.COM			
E-c	mail Address: (to b	e used for future annual re	port notifications)	-	
For fu	urther informati	on concerning this ma	tter, please call:		
VILSE	ENEMETAYER		_at (_\ 383-0	
	(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 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 I	Address: Filing Section on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

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, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: VIL FINANCIAL SERVICES.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 VIRGINIA
(Enter state, or if a non-U.S. entity, the name of the country)
03/21/2018 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CAPTUREME & DJ SERVICES,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 10 day of 30	20 <u>20</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: OWNER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: (where Netury)	
Printed Name: VILSENEMETAYER	Title: OWNER
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fces:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CADTUDE ME & DICEDU	ICEC I I C			
CAPTUREME & DJ SERV		ility Company, "L.L.C.," or "LLC.")		
(Musi comu	an are words same same	may company, E.E.C., or EEC. y		
ARTICLE II - Address				
The mailing address and	street address of the	principal office of the Limited Liability Comp		
Principal Office Addres	<u>ss:</u>	Mailing Address:		
4521 NW 32ND CT		4521 NW 32ND CT		
4521 NW 32ND CT				
	33319	LAUDERDALE LAKES, FL 33319		
ARTICLE 111 - Registe (The Limited Liability Company	red Agent, Register			
ARTICLE 111 - Registe (The Limited Liability Company business entity with an active Fl The name and the Florida	red Agent, Register cannot serve as its own Re orida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another		
ARTICLE 111 - Registe (The Limited Liability Company business entity with an active Fl The name and the Florida	red Agent, Register cannot serve as its own Relorida registration.) a street address of th	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:		
ARTICLE 111 - Registe (The Limited Liability Company business entity with an active Fl The name and the Florida	red Agent, Register cannot serve as its own Relorida registration.) a street address of th	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another		
ARTICLE III - Registe (The Limited Liability Company business entity with an active Fl The name and the Florida VILSI	red Agent, Register cannot serve as its own Re orida registration.) a street address of the ENEMETAYER Na NW 32ND CT	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:		
ARTICLE III - Registe (The Limited Liability Company business entity with an active Fl The name and the Florida VILSI	red Agent, Register cannot serve as its own Re orida registration.) a street address of the ENEMETAYER Na NW 32ND CT	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:		
ARTICLE III - Registe (The Limited Liability Company business entity with an active Fl The name and the Florida VILSI	red Agent, Register cannot serve as its own Re orida registration.) a street address of the ENEMETAYER Na NW 32ND CT	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:		

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:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	101 OTATE ATT AND TO
AMBR	VILSENEMETAYER
	4521 NW 32ND CT
	LAUDERDALE LAKES, FL 33319
MGR	VILSENEMETAYER
	4521 NW 32ND CT
	LAUDERDALE LAKES, FL 33319

(Use attachment if necessary)	
(Ose attachment it necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Where Wo tou	7>
	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 docur as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree felony
VILSENEMETAYER	20
	ped or printed name of signee Filing Fees
ועי	Filing Fees
\$125 80 Filing Fee for Articles o	f Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Options	