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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	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



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COVER LETTER

TO: New Filing S Division of C			
	Vistat	alold MCLS	COUP. LLC
			n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
LUCY	(Contact Person)	<u>.</u>	
341	(Firm/Company) Palmetto I (Address))61V E	
LucyMone	Springs City, State and Zip Gode) Solve @ a olve or used for future annual re	COM	,6
	on concerning this ma		
WCY Mon (Name of Conta	SAIVE net Person)	_at (<u>786</u>) (Area Code)	S146685 (Daytime Telephone Number)
	for the following amou a bank located in the		ocessed 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 Fe and Certified Copy	
Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations	D D	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



April 22, 2021

LUCY MONSALVE 341 PALMETTO DRIVE MIAMI SPRINGS, FL 33166

SUBJECT: VISTA HOLDINGS GROUP CORP. LLC

Ref. Number: W21000055225

We have received your document for VISTA HOLDINGS GROUP CORP. 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

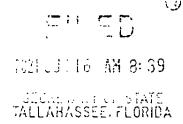
Letter Number: 321A00008360

Tim Burch Senior Section Administrator

www.sunbiz.org

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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: 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a COROCATION. P16-1/293 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on Feb 03 2016. (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Usta Holdings Crap LLC. (Enter Name of Florida Limited Limited Embility 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 19 day of Month	20_2\
Signature of Authorized Representative of Limi	ted Liability Company
Signature of Authorized Representative of Emp	A A
Signature of Authorized Representative:	104 CMOUSEN
Signature of Authorized Representative: Printed Name: NONSCIUP	Thle: / Owner
Signature(s) on behalf of Other Business Entity:	
and film of	,
Signature: Jucy A CONTROL Printed Name: WCY MOSCIQ.	Title: OLDNER Presiden
Frinted Name. ~~COM MONISCITO.	_ 1 me
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director. or	Officer
If Directors or Officers have not been selected, an In-	
	. D
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:
(Must contain the words "Limited Diability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1160 Little River Drive 341 Palmetto Drive
Micm. FL 33150 (Micm? Springs 12 33166
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Lucy Monsaluc.
341 Palmetto Drice.
Florida street address (P.O. Box <u>NOT</u> acceptable)
Mount Springs FL 33166
City Zip
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 as 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 (KEQUIRED)

(CONTINUED)

A	D	TI	CI	F	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	
WOK - Wallaget	
Monager	hucy Monzalue
wanter	341 Minetto Prup
	mount Springs TL 3316
	` j
	≓ p
	SSS
(Use attachment if necessary)	
	FLOOR
CLE V: Other provisions, if any.) PAIL PRID
	2
REQUIRED SIGNATURE:	f o
Sucol Hay	AA(0)
- July Wes	41UV
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 ment to the Department of State constitutes a third degree felor
as provided for in s.817.155, F.S.	nent to the Department of State constitutes a unit degree felo
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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)