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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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-SEGRETARY OF STATE
FALLPAHASSEE, PLODER:

# **COVER LETTER**

TO: New Filing S Division of C						
SUBJECT: VIAL C	CONSTRUCTION LL	.C				
-	(Name of Re	sulting Florida Lim	ited Cor	mpany)	-	
				nd fees are submitted to decordance with s. 605.10		"Other
Please return all corr	respondence concernin	ig this matter to:				
ALEXANDER PER	REZ DUQUE		_			
	(Contact Person)		_			
	(Firm/Company)		_			
4463 BLUFF OAK		· · · · · · · · · · · · · · · · · · ·				
	(Address)					
KISSIMMEE, FL 34			_			
(	City, State and Zip Code)					
E-mail Address: (to	pe used for future annual re	eport notifications)	_			
For further informati	ion concerning this ma	tter, please call:				
ALEXANDER PERE	Z DUQUE	at ( 407	) 5	575-9241		
(Name of Cont	act Person)			rtime Telephone Number)	•	
	for the following amou a a bank located in the		process	sed by this office must be	e payable	in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<b>⊿\$</b> 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 Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 27		New I	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303	SECRETARY OF ALTICOPHICAL SECRETARY OF ALTIC	ZZ MAR - I PH L

### **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:
VIAL CONSTRUCTION LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws ofFLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
O4/19/2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
VIAL CONSTRUCTION LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 01/01/2022
(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.

22 MAR - I PM 4: 03
SECRETARY OF STATE

Signed this 23 day of February	_ 20_22
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	20 Denz
Printed Name: ALEXANDER PEREZ DUQUE	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: ADD X 9-7	
	Title: PRESIDENT
Signature: Demanca Diovenne	
Printed Name: VIVIANA A. CHAVARRIA	Title: VICE-PRESIDENT
£:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	
Signature	
Signature:Printed Name:	Title:
If Florida Corporation:	N. C.C.
Signature of Chairman, Vice Chairman, Director, or Off Directors or Officers have not been selected, an Inc	
Ti Directors of Officers have not been selected, an inc	orporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

22 MAR -1 PH 4: 03

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Comp	pany is:
VIAL CONSTRUCTION LLC	
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4463 BLUFF OAK LOOP	4463 BLUFF OAK LOOP
KISSIMMEE, FL 34746	KISSIMMEE, FL 34746
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
ALEXANDER PER	REZ DUQUE
	Name
4463 BLUFF OAK Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)
KISSIMI	MEE FL 34746

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..

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

SECRETARY OF STATE

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
MBR	ALEXANDER PEREZ DUQUE			
	4463 BLUFF OAK LOOP			
	KISSIMMEE, FL 34746			
MBR	VIVIANA A. CHAVARRIA			
	4463 BLUFF OAK LOOP			
	KISSIMMEE, FL 34746			
<del></del>				
(Use attachment if necessary)				
LE V: Other provisions, if any.				
211 V. Other provisions: It day.				
REQUIRED SIGNATURE:				
4				
Simulations of a mambar as	an authorized representative of a mambar			
Signature of a member or	an authorized representative of a member			
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree f			

revez\_ Typed or printed name of signee

Filing Fees

S125.00 Filing Fee for Articles of Organization and Designation of Register Ageor \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)