# LZZ000 116188

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
W2100011	7221	

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October 6, 2021

LUCAS VASQUES 3572 TABERNACLE PL TAMPA, FL 33607

SUBJECT: NATIONAL VALLEY LLC

Ref. Number: W21000117221

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

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Matthew T Moon Regulatory Specialist II Supervisor

Letter Number: 321A00024310



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2021

LUCAS VASQUES 3572 TABERNACLE PL TAMPA, FL 33607

SUBJECT: NATIONAL VALLEY LLC

Ref. Number: W21000117221

We have received your document for NATIONAL VALLEY 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

James G Harris Regulatory Specialist II

Letter Number: 621A00020522

### COVER LETTER

TO: New Filing S Division of C						
	Valley LLC					
SUBJECT:	(Name of Re	sulting Florida L	imited Co	mpany)		
The enclosed Article	s of Conversion, Artic a "Florida Limited L	cles of Organi	zation, a	nd fees are submitte	ed to conver 005.1045, F.	t an <sup>a</sup> Other .S.
Please return all corr	espondence concernir	g this matter t	o:			
Lucas Vasques						
National Valley LLC	(Contact Person)		<del></del>			
3572 Tabernacle PL	(Firm/Company)					
Tampa. FL 33607	(Address)		<del></del>			
((contact@thenationalva	City, State and Zip Code)					
E-mail Address: (to b	e used for future annual re	port notification:	5)			
For further information	on concerning this ma	tter, please cal	11:			
ucas Vasques		973 _at (	8203	490		
(Name of Conta	ct Person)			ytime Telephone Numb	er)	
lollars and drawn on  \$150.00 Filing Fees	or the following amount a bank located in the \$\square\$\$\$\$155.00 Filing Fees	int: (All check United States)	ı	sed by this office m  ✓ \$185.00 Filing Fee		ble in US
\$25 for Conversion & \$125 for Articles f Organization)	and Certificate of Status	and Certified (	Сору	Certified Copy, and Certificate of Status		
Mailing Addr New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	etion orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahasses N. Monroe Street, S nassee, FL 32303	e ASSE	TOZIFEB 24 PM

#### 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: National Valley LLC
(Enter Name of Other Business Entity) Limited Liability Company
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  New Jersey
First organized, formed or incorporated under the laws of
(Enter Name of Florida Limited Liability Company)  January 1st, 2020  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 tenth day of August	20 <u>8.1</u>	
Signature of Authorized Representative of Lin		
	77 7 7 5	
Signature of Authorized Representative:	<u> </u>	
Signature of Authorized Representative:  Printed Name: Lucas Vasques	Title: Owner	
Signature(s) on behalf of Orner Business Entity:		re(s)
Signature		
Signature: LUCAS VASQUES	Title: AP	
Signature:Printed Name:		
Printed Name:	Title:	·
Signature:		
Signature:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	<del></del>
Signature:		
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	corporator must sign.	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others		
All others: Signature of an authorized person.		
Signature of an authorized person.		
<u>Fees:</u>		
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

ARTICLES OF ORGANIZATION FO  ARTICLE 1 - Name: The name of the Limited Liability Compa		
National Valley LLC		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC."	·)
ARTICLE II - Address: The mailing address and street address of	the principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
3572 Tabernacie Pi	3572 Tabernacle PI	
Tampa, FL 33607	Tampa, FL 33607	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its owr business entity with an active Florida registration.)  The name and the Florida street address of	n Registered Agent, You must designate	un individual or another
Lucas Vasques		
	Name	
3572 Tabernacle PI		
Florida street address	(P.O. Box <u>NOT</u> acceptable)	
Tampa	33607 FL	
City	Zip	
	ited in this certificate. I hereby a capacity. I further agree to con plete performance of my duties,	accept the appointment as uply with the provisions of al and I am familiar with and

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

Fitle:	
'AMBR" = Authorized Member 'MGR" = Manager	
MUR = Manager  Multel MGR	Lucas Vasques
	3572 Tabernacle Pl
	Tampa, FL 33607
	Silverson of the State of the S
Jse attachment if necessary)	
Use attachment if necessary)  E V: Other provisions, if any.	
E V: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
EQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree f
E V: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or:  This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree f
E V: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware