L22000425440

(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:
Special instructions to Filing Officer.

Office Use Only



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IALLAHASSEL FLORID

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COVER LETTER

TO: New Filing Section Division of Corpora	tiońs				
SUBJECT: Viper Risk Mana		C			
SUBJECT.		ing Florida Limite	ted Company)		
		-	ion, and fees are submitted to convert an "Othey" in accordance with s. 605.1045, F.S.		
Please return all correspond	ence concerning t	his matter to:			
Anthony Morales					
(Con	act Person)		-		
MyUSACorporation.com					
(Firm	/Company)		-		
1 Radisson Plaza, Suite 800					
(/	\ddress)		-		
New Rochelle, NY 10801					
	te and Zip Code)		_		
info@myusacorporation.com	e and zap code)				
E-mail Address: (to be used for	or futura nanual rana	m moti Guatione)	_		
12-man Address. (to be used h	or ruture annuar repor	re notifications)			
For further information con-	erning this matte	r, please call:			
Anthony Morales	4	at (877	330-2677		
(Name of Contact Perso			(Daytime Telephone Number)		
Enclosed is a check for the dollars and drawn on a bank	~	•	processed by this office must be payable in US		
_		■\$180.00 Filing I and Certified Copy			
Mailing Address:			Street Address:		
-			New Filing Section		
P.O. Box 6327	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Viper Risk Management Group, ELC
(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 Pennsylvania (Enter state, or if a non-U.S. entity, the name of the country)
10/24/2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Viper Risk Management Group, LLC
(Enter Name of Florida Limited Liability Company)
 4. If not effective on the date of filing, enter the effective date:
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.

C

Signed this 9th day of August	_ 20_22	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Brane	don Ferguson	
Signature of Authorized Representative: Brand Printed Name: Brandon Ferguson	Title: Authorized Representative	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)	
Boandon, Francisco.		
Signature: Brandon Ferguson Printed Name: Brandon Ferguson	Title: Authorized Representative	
Finited Name: Brandon religious		
Signature:		
Signature:Printed Name:	_ Title:	
Signature:Printed Name:		
Printed Name:	_ Title:	
Signatura		
Signature:Printed Name:	Title:	
Timed Name.		
Signature:		
Signature:Printed Name:	Title:	
Signature:	*****	
Printed Name:	litte:	
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 Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.	<u> </u>	_
		7
All others:		
Signature of an authorized person.		
Carre		1
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	y is:				
Viper Risk Manageme	nt Group, LLC		_		
(Must contain the words "Limited Li					
ARTICLE II - Address: The mailing address and street address of th	ne principal o	ffice of the Limite	ed Liability C	ompar	ıy is:
Principal Office Address:	<u>Mailin</u>	g Address:			
6743 Summit Vista CT	6743 Summit Vista CT				
Jacksonville, FL 32259	Jackso	nville, FL 32259			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Fousiness entity with an active Florida registration.) The name and the Florida street address of the Income Street	Registered Agent.	You must designate an			
	Vame	· · · ·			
47000 6711	. O A Manuala				
Florida street address (Court North (P.O. Box NC	OT acceptable)			
Loxahatchee	FL	33470			
City		Zip			
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this constantes relating to the proper and complete accept the obligations of my position a	ed in this cert apacity, I furt lete performa is registered a	ificate, I hereby ac ther agree to comp nce of my duties, a igent as provided f	ccept the appo ly with the pr and I am famil	intmer ovisior iar wit	nt as ns of al h and
Registered Agent`s` (CON'	Signature (R	EQUIKED)	BLENK LANT ST	2022 AUG 16 PH	7

ARTICLE IV-

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

Name and Address:	
VRMG, INC. 6743 Summit Vista CT	
AL.	
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<u> </u>	
10 - O	- [
Me P	- [
<u></u> ω	
	VRMG, INC. 6743 Summit Vista CT Jacksonville, FL 32259 2022 AUG 16 PH

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 any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brandon Ferguson

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)

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("Grantor"), does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as its attorney-in-fact ("Attorney-in-Fact"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which MyUSACorporation.com, a Wyoming corporation, has purchased resident agent service on or through their account with Grantor. After each exercise of such authority, Attorney-in-Fact shall notify Grantor of the same.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31, 2022.

Sm/		Dated: January 12, 2022
Louise Breytenbach, Chie	f Operating Officer	2 3.03. 0.3.3, 12, 2032
STATE OF NEVADA)) ss	
COUNT OF CLARK)	

This Special and Revocable Limited Power of Attorney was acknowledged before me on January 12, 2022, by Louise Breytenbach, as Chief Operating Officer of InCorp Services, Inc., a Nevada corporation.

Notary Public in the State of Nevada

My Commission Expires:

