# 123000338526

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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED 2023 JULII AM 9: 03

TECORPORATIONS
TO MERCIAL
TEVICES

June 14, 2023

ANGELA COOPERMAN 6848 PALMETTO CIR S APT 1209 BOCA RATON, FL 33433 US

SUBJECT: VALKYRIE STRATEGIES LLC

Ref. Number: W23000083647

We have received your document for 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 all of the general partners. 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.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 123A00013445

2023 JUL 11 PHII: 45 SECRETARY OF STAT

#### **COVER LETTER**

TO:	New Filing Son Division of C							
SHR	ьст. Valk	yrie Strategies	LLC					
SODe	EC1	(Name of Res	ulting Florida Limit	ed Com	pany)	_		
The e	enclosed Article less Entity" into	s of Conversion, Article a "Florida Limited Li	les of Organizati ability Company	on, and	d fees are submitted to ecordance with s. 605.1	convert 1045, F.S	an "O 3.	ther
Pleas	e return all corr	espondence concerning	g this matter to:					
	Angel	a Cooperm	an	_				
	Vallaria	(Contact Person)	1.0					
	vaikyne	Strategies L (Firm/Company)	LLU	-				
6	5848 Palm	netto Cir S, Ap	t 1209					
		(Address)		-				
	Boca Ra	ton, FL 33433						
	((	City, State and Zip Code)		-				
Va	ılkyrie@\	<b>ValkyrieStrat</b>	tegies.co	m			•	
E-1	mail Address: (to b	e used for future annual re	port notifications)					
For fi	urther informati	on concerning this ma	tter, please call:					
Ar	ngela Co	operman	at ( 651	-27	0-5103			
	(Name of Conta	act Person)		<del>-</del> /	time Telephone Number)	_		
		for the following amou a bank located in the		process	sed by this office must	be payal	ole in	US
(\$25 fe	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status	SEC	2023	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 27		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit	RETARY OF STAT LLAHASSESSFL	2023 JUL 11 PMII: 4	

### **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:  Valkyrie Strategies 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.)
Fi	rst organized, formed or incorporated under the laws of Minnesota
	(Enter state, or if a non-U.S. entity, the name of the country)
on	2/21/2021
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Valkyrie Strategies LLC
_	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date:
th	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)
No	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.
	(O N :

Signed t	this _	17	day c	ot`	May	20	_23		
				<u>epresentati</u>			ility Con	прану:	
Signatui	re of a	Authori	ized Rer	oresentative: oopermar	·	Rooy	Com		
Printed 1	Name	<u>. An</u>	gela C	oopermar	<u> </u>	Title!		CEO	<del></del>
Signatu	re(s) (	on beha	alf of Ot	her Busines	ss Entity:	[See belov	w for req	uired sig	
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<b>If Florid</b> Signature				<b>hip or Limi</b> ner.	ted Liabili	ty Partne	ership:		
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All other Signature	<u>rs:</u> e of ar	n autho	rized pe	rson.					
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			onversio ida Artic	on: cles of Orga	nization:	\$25.00 \$125.00	0		
		ed Cor					(Optiona	al)	
			Status:				Optional		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The hame of the Entined Elability Company is:		
Valkyrie Strategies	LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
6848 Palmetto Cir S, Apt 1209 Boca Raton, FL 33433	6848 Palmetto Cir S, Boca Raton, FL 3343	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's red Agent. You must designate an individual	s Signature: idual or another
The name and the Florida street address of the re	egistered agent are:	
ANWELG COOP Name	reman	
6849 Palmetto Florida street address (P.O.	Cir S, Apt 1209 Box NOT acceptable)	
Boca Raton	FL 33433	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept ty. I further agree to comply w performance of my duties, and I	the appointment as ith the provisions of all am familiar with and
Alorge	- Commander	2023 SEC
Registered Agent's Sign (CONTIN		ECRETARY OF STALLAHASSEE

## ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
CEO	Angela Cooperman
	6848 Palmetto Cir S, Apt 1209
	Boca Raton, FL 33433
<del></del>	
(Use attachment if necessary)  LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	opome
Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the timent to the Department of State constitutes a third design.
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.	e with section 605.0203 (1) (b), Florida Statutes. I am aware th
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.  Ange	e with section 605,0203 (1) (b), Florida Statutes, I am aware the timent to the Department of State constitutes a third descent for the Cooperman
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155. F.S.  Ange	e with section 605.0203 (1) (b), Florida Statutes. I am aware the iment to the Department of State constitutes a third descree in the section of State constitutes as third descree in the section of State constitutes as the section of State consti