# L23000424094

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only





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## **COVER LETTER**

TO: New Filing Division of	Section Corporations		
SUBJECT: Victrice	Ventures LLC		
SCHARCE:	(Name of Re	sulting Florida Limited C	ompany)
The enclosed Articl Business Entity" int	es of Conversion, Artico o a "Florida Limited I	eles of Organization, a liability Company" in	and fees are submitted to convert an "Othe accordance with s. 605,1045, F.S.
Please return all cor	respondence concernit	ng this matter to:	
Lyne D. Levesque-Ca	stonguay		
	(Contact Person)		
Victrice LLC			
	(Firm Company)		
1715 SE 10th Street			
	(Address)		
Fort Lauderdate, Flori	da 33316		
	City, State and Zip Code)		
lyne@victrice.com			
H-mail Address: (to	be used for future annual re	port notifications)	
For further informat	ion concerning this ma	uter, please call:	
Lyne D. Levesque-Ca	stonguay	_at () <sup>758</sup>	-0606
(Nume of Cont	act Person)		iytime Telephone Number)
Enclosed is a check dollars and drawn or	for the following amount to bank located in the	int: (All checks proce United States)	ssed by this office must be payable in US
☐ 8150.00 Eding Fees (\$25 for Conversion & \$125 for Articles of Organization)			
Mailing Add	ress:	Stro	et Addrose:

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Â.

New Filing Section

P.O. Box 6327

Division of Corporations

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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Motrice ELC	of Conve	rsion is:
(Inter Name of Other Business Entity)		
2. The "Other Business Entity" is a		
2. The "Other Business Entity" is a climited Liability Company the near entity type. Example: corporation, limited partnership, general partnership, common fac-	w or busin	iess trust, etc.)
First organized, formed or incorporated under the laws of		
	ic of the c	ountry)
March 26, 2018  (date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Org	anization:
Victrice Ventures LLC		
(Finer Name of Florida Limited Liability Company)		
If not effective on the date of filing, enter the effective date: A transfer more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot 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 be plan of conversion has been approved in accordance with all applicable statutes.	dendar	days after.
The "Converted or Other Business Entity" has agreed to pay any members having appraisal riwhich such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.	ights the	2回2 Ju. 2b / 7:3
		37

Signed this 21	day of July 2023	20	
Signature of At	thorized Representative of Lim	ited Liability Company:	
Signature of Aut Printed Name: <u>Ly</u>	horized Representative:ne Diane Levesque-Castonguay	Title: Founder and CEO	
Signature(s) on	behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Printed Name: &	Egonod Co-torguay.	Tille: Hushoutzal Party	، وتر وسس
Signature:		Title:	
istinted Name. —		Title:	
Signature Printed Name		Title:	
Signature: Printed Name:		Title:	
		Title;	
		Title:	
Printed Name:		_ Title:	
<u>If Florida Corpo</u> Signature of Chai If Directors or Of	oration: rman, Vice Chairman, Director, or s ficers have not been selected, an Inc	Officer. corporator must sign.	
<mark>If Florida Gener</mark> Signature of one (	al Partnership or Limited Liabili General Partner.	ty Partnership:	
If Florida Limite Signatures of <u>AL</u>	ed Partnership or Limited Liabilit L General Pariners,	ty Limited Partnership:	
All others: Signature of an ac	nhorized person.		1 2
Foe <u>s:</u>			2022 Jul
Fees for I Certified	of Conversion: Florida Articles of Organization: Copy: e of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	28 Art 7: 36
			IN .

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III.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:
,	
VictriceVentures LLC	
(Must contain the words "Limited	Liability Company, "E.E.C.," or "LEC")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1715 SE 10th Street	1715 SE 10th Street
1716 SE 10th Street Fort lauderdale, Florida 33316	Fort Lauderdale, Florida 33316
ARTICLE III - Registered Agent, Regis The Finated Liability Company cannot serve as its own pasiness entity with an active Florida registration.) The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent You must designate an individual or another  the registered agent are:
Lyne Diane Levesque-C	astonguay
	Name
1715 SE 10th Street	
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Fort Lauderdale	F1_ 33316 Zip
City	Zip
	and to accept service of process for the above stated limite

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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## ARTICLE IV-

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

	Name and Address:	
"AMBR" - Authorized Member   "MGR" - Manager		
AMBR	Lyne D. Levesque-Castonguay	
	1715 SE 10th Street	
	Fort Lauderdale, Florida 33316	<u>-</u>
	For Excidendate, Florida 55570	
AM8R	RaymondCastonguay	
	1715 SE 10th Street	<u> </u>
	Fort Lauderdale, Florida 33316	
MGR	Sara B Castonguay	
	173 Toby Circle	
	Iowa City, Iowa 52240	
MGR	Nicolas P. Castonguay	
	1715 SE 10th Street	
	Fort Lauderdale, Florida 33316	
LE V: Other provisions, if any,		
·	<del></del>	<del></del>
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		
Signature of a member o	or an authorized representative of a n	nember
Signature of a member of this document is executed in accordan	ice with section 605.0203 (1) (b). Florida Statut	es. Lam aware
Signature of a member of this document is executed in accordan	or an anthorized representative of a mage with section 605.0203 (1) (b). Florida Statut cument to the Department of State constitutes a	es. Lam aware
Signature of a member of this document is executed in accordant any false information submitted in a docus provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b). Florida Statut cument to the Department of State constitutes a	es. Lam aware
Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.N17.155, F.S.  Lyne Diane Levesque-Castonguay	nce with section 605.0203 (1) (b). Florida Statut cument to the Department of State constitutes a	es. Lam aware
Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.N17.155, F.S.  Lyne Diane Levesque-Castonguay	nce with section 605.0203 (1) (b). Florida Statut cument to the Department of State constitutes a	es. Lam aware

JE (X)

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#### ARTICLES OF ORGANIZATION

\*Electronically Filed\*
Secretary of State

Filing Date: 3/26/2018 12:56:05 PM

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BUSINESS INFORMATION

18041909

CONTROL NUMBER BUSINESS NAME

Victrice LLC

BUSINESS TYPE

Domestic Limited Liability Company

EFFECTIVE DATE

03/26/2018

PRINCIPAL OFFICE ADDRESS

ADDRESS

1225 Waterfall In nw. Acworth, GA, 30101, USA

REGISTERED AGENT'S NAME AND ADDRESS

NAME

ADDRESS

Lyne Custonguay

1225 Waterfall En, Cobb. Acworth, GA, 30101, USA

ORGANIZER(S)

NAME

TITLE

ADDRESS

tyne Diane Castonguay

ORGANIZER

1225 Waterfall Lin NW, Acworth, GA, 30101, USA

OPTIONAL PROVISIONS+

ΝĀ

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE

Lyne Castonguay

AUTHORIZER TITLE

Organizer

- Copy-Isc

Control Number: 18041909

# STATE OF GEORGIA

# Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### Victrice LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 22682102 Date Inc/Auth/Filed: 03/26/2018 Jurisdiction : Georgia Print Date : 03/05/2022

Form Number : 211

Brad Raffen

Brad Raffensperger Secretary of State