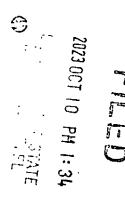
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: VG UNIVERSAL EMPLOYMEN	NT INC
(Name of R	tesulting Florida Limited Company)
	icles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ing this matter to:
MARIA HERRERA	
(Contact Person)	
(Firm/Company)	
4769 SW 23RD TERR	
(Address)	
FT LAUDERDALE, FL 33312	
(City, State and Zip Code)
ACCOUNTING@LUZEINC.COM	
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this n	natter, please call:
MARIA HERRERA	at (754) 235 6095
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US c United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: VG UNIVERSAL EMPLOYMENT, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
09/07/2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
VG UNIVERSAL EMPLOYMENT ALL
(Enter Name of Florida Limited Liability Company)
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 20	day of <u>SEPTEMBER</u>	20 <i>_2_</i> 3
Signature of Auth	orized Representative of L	Limited Liability Company:
	01	
Signature of Author	rized Representative: 🐠	
Printed Name: MARI	A HERRERA	Title: PRESIDENT
Signature(s) on bel	half of Other Business Entit	ty: See below for required signature(s)
\mathcal{M}	2	
Signature:		
Printed Name: MARI	A HERRERA	Title: P
Signature:		
Signature:		m: 1 VD
Printed Name: <u>DAYA</u>	NA VASQVEZ	Title: <u>VP</u>
Signature:		
Printed Name:	·	Title:
Timed Partie.		1100.
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:	<u> </u>	Title:
Signature:		
Printed Name:		Title:
rimed rame.		True.
If Florida Corpora	tion:	
Signature of Chairm	an. Vice Chairman, Director.	, or Officer.
If Directors or Office	ers have not been selected, a	n Incorporator must sign.
If Florida General	Partnership or Limited Lia	ibility Partnership:
Signature of one Ger	neral Partner.	
If Florido Limited	Dortnorchin or Limited Lie	shiller Limited Doutness-Line
Signatures of ALL (ibility Limited Partnership:
oignatures of WITE	Jenetai Fatuleis.	
All others:		
Signature of an auth	orized person.	
O	orman person.	
Fees:		

\$25.00

\$125.00

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

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: PILED
2023 OCT 10 PM 1: 34

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	l Liability Company	y is:		
VG UNIVERSAL EMPLOY	MENT LLC			
(Must cont	ain the words "Limited Lia	ability Company, "L.L.C" or "LLC.")		
ARTICLE II - Address	·•			
		e principal office of the Limited Liability Company is		
-				
Principal Office Addre	ss:	Mailing Address:		
4769 SW 23RD TERR		4769 SW 23RD TERR		
FT LAUDERDALE, FL 333	312	FT LAUDERDALE, FL 33312		
ARTICLE III - Registe (The Limited Liability Company business entity with an active F The name and the Florid	cannot serve as its own R lorida registration.)	Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:		
MAR	IA HERRERA			
	N	ame		
4769	SW 23RD TERR			
Flo	rida street address (I	P.O. Box NOT acceptable)		
FT LA	FT LAUDERDALE FL 33312			
	City	Zip		
Having been named a liability company a		nd to accept service of process for the above stated limit		

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	MARIA HERRERA	
	4769 SW 23RD TERR	
	FT LAUDERDALE, FL 33312	
AMBR	DAYANA VASQUEZ	
MADIC	4769 SW 23RD TERR	
	FT LAUDERDALE, FL 33312	
	FT LAUDERDALE, FL 33312	
		
		
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(Use attachment if necessary)		202
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OFF V OR 11 10		2023 OCT 10
ICLE V: Other provisions, if any.		0CT 10
DECHIDED CICNATUDE.		34. 18:34.
REQUIRED SIGNATURE:		क्षां 🖅
D20		

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.

MARIA HERRERA