L23000 560711

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2023 DEC 27 PH 4

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

**PLEASE FILE THE ATTACHED AND RETURN* Plain Copy Certified Copy **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE EL Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARHAL CERTIFICATION	**WALK IN*
Plain Copy Certified Copy XXXXXXXXX Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE EN Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION	
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Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE EN Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION	*
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	**
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
TOTAL OWED \$155 ACCOUNT #: 12	20160000072
<u></u>	AM
Please call Tina at the above number for any issues or concerns. T	

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Vikager Holdings, LLC		
(Name of Res	ulting Florida Limite	ed Company)
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Li		on, and fees are submitted to convert an "Other" in accordance with s. 605,1045, F.S.
Please return all correspondence concerning	g this matter to:	
Melissa V. Skrocki, Esq.		
(Contact Person)		
Giordano, Halleran & Ciesla, P.C.		
(Firm/Company)		
125 Half Mile Road, Suite 300		
(Address)		
Red Bank, New Jersey 07701		
(City, State and Zip Code)		
mskrocki@ghcław,com		
E-mail Address: (to be used for future annual rep	port notifications)	
For further information concerning this mat	tter, please call:	
Melissa, V. Skrocki, Esq.	at (⁷³²	₁ 741-3900
(Name of Contact Person)	(Area Code)) 741-3900 (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		rocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing F and Certified Copy	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ī	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.

(Enter Name of Other Business Entity)	
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	
June 24, 1996 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
Vikager Holdings, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
2777 MA 1 1 2 A 2 1 1 1 2 1 2 A 2 A 2 A 2 A 2	•
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after	
(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.	

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 27th day of December	20
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative: _ Printed Name: Vincent J. Hager	Title: President
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]
Signature:	
Printed Name: Vincent J. Hager	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dir If Directors or Officers have not been select	
If Florida General Partnership or Limited Signature of one General Partner.	d Liability Partnership:
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	d Liability Limited Partnership:
All others: Signature of an authorized person.	
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)

7020 F11 F1)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•, •, •

Vikager Holding		
	(Must contain the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II -	- Address:	
The mailing ad	dress and street address	of the principal office of the Limited Liability Company is:
Principal Offic	ce Address:	Mailing Address:
115 Sonata Driv	/e	115 Sonata Drive
Jupiter, FL 3347		Jupiter, FL 33478
		Vines at 1 Hoper
		Vincent J. Hager Name
	115 S	
		Name
		Name Sonata Drive
	Florida street addr	Name Sonata Drive ress (P.O. Box <u>NOT</u> acceptable) FL 33478

ARTICLE IV-

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	Vincent J. Hager
AIVIDIC	115 Sonata Drive
	Jupiter, FL 33478
AMBR	Kenneth L. Hager
	22 Orla Court
	Tinton Falls, NJ 07724
(Use attachment if necessary)	
(Ose attachment if necessary)	
TCLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
'\	
\	

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.

Vincent J. Hager

Typed or printed name of signee

Filing Fees

s 5.00 Certificate of Status (Optional) \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)