# L24000084569

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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#### **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:

(Enter Name of Other Business Entity)

VIXERE LLC

limited liabilty company 2. The "Other Business Entity" is a
2. The "Other Business Entity" is a limited liabilty 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
(Enter state, or if a non-U.S. entity, the name of the country)
August 6, 2020 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:
VIXERE LLC .
(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 16 day of January 20 7 T
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Fruit MANAGER  Printed Name: FORREST MOTZ Title: MANAGER
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Title: MANAGER  Printed Name: FOREST MOTZ Title: MANAGER
Signature:
Printed Name: FOREST MOTZ TITLE: MANAGER
Signature:
Signature: Title: Title:
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Signature:
Signature: Title: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized 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:

2024 JAN 25 AND HEB

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	•	
	IS:	
VIXERE LLC		
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC."	<b>'</b> )
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Lim	ited Liability Company is:
Principal Office Address:	<b>Mailing Address:</b>	
330 3rd St. S.	330 3rd St. S.	
Unit 801	Unit 801	
St. Petersburg, Florida, 33701	St. Petersburg, Florida,	33701
301 WOODLANDS PARK	<del></del>	
Florida street address (I	P.O. Box NOT acceptable)	
OLDSMAR	FL 34677	
OLDSMAR City	FL 34677 Zip	
City  Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as Registered Agent's S	Zip  Zip  d to accept service of proces. d in this certificate, I hereby pacity. I further agree to con the performance of my duties.	accept the appointment as nply with the provisions of all and I am familiar with and

#### **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	
MANAGER	Forest Motz
<del></del>	330 3rd St. S., Unit 801
	St. Petersburg, Florida, 33701
	·
(Use attachment if necessary)	
	29
	2024
TICLE V: Other provisions, if any.	JAin
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	<u>.</u>
<u>REQUIRED</u> SIGNATURE:	
Findlet	· £.
- Tresult	

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.

FOREST MOTA
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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)