L24000225969

(Re	equestor's Name)	
(Ac	ldress)	
(Āc	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i





600429319766

05/08/24--01024--009 **150.00



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 Busine	ss Entity" is a limited liability company y type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, forme	cd or incorporated under the laws of
	(Enter state, or if a non-O.S. entity, the name of the country)
January 16, 2014 on	
(date of organization.	formation or incorporation)
3. The name of the Fl	orida Limited Liability Company as set forth in the attached Articles of Organization:
Valorous Holdings LLC	
	(Enter Name of Florida Limited Liability Company)
4. If not effective on	the date of filing, enter the effective date:
	Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ent 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 on the Department of State's records.
5. The plan of convers	sion has been approved in accordance with all applicable statutes.
	Other Business Entity" has agreed to pay any members having appraisal rights the amount to

- 11/1 ·	_ 44
Signed this day of	20_ 2 4
Signature of Authorized Representative of Lir	mited Liability Company:
Cinna and Cambridge 1.Days	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature of Authorized Representative: 3 Printed Name:Robert Queen	Title: Manager
Trined Name; Nosak about	Title, Manager
Signature(s) on behalf of Other Business Entity:	: See below for required signature(s)
Signature 24	
Signature Printed Name:Robert Queen	Title: Manager
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Tida
rimed Name.	title.
Signature:	
Printed Name:	Title:
Ci	
Signature:Printed Name:	
If Florida Corporation:	O.M.
Signature of Chairman, Vice Chairman, Director, c If Directors or Officers have not been selected, an i	
in infections of Officers have not treen selected; and	meorporator must sign.
<u>If Florida General Partnership or Limited Liab</u>	ility Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liab	ility Limited Partnership:
Signatures of ALL General Partners.	
A.II I	
All others: Signature of an authorized person.	
orginature of an authorized person.	
Fees:	
	73.7.00
Articles of Conversion:	\$25.00 : \$125.00
Fees for Florida Articles of Organization: Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
/alorous Holdings LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1231 SW Sunset Trail	2740 SW Martin Downs Blvd
Palm City, FL 34990	Unit 40
	Palm City, FL 34990
Fhe name and the Florida street address of the r	egistered agent are:
Name	
1231 SW Sunset Trail	
Florida street address (P.O.	. Box <u>NOT</u> acceptable)
Palm City	FL ³⁴⁹⁹⁰
City	Zip
liability company at the place designated in registered agent and agree to act in this capace statutes relating to the proper and complete paccept the obligations of my position as reg	o accept service of process for the above stated limited at this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

ARTICLE IV-

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

AMBR" = Authorized Member	
MGR" = Manager IGR	Robert Queen
IGIX	2740 SW Martin Downs Blvd, Unit 40
	Palm City, FL 34990
· · · · · · · · · · · · · · · · · · ·	
	
.E.V: Other provisions, if any.	
.F. V: Other provisions, if any.	
	-
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:) Signature of a member of	er an authorized representative of a member cc with section 605.0203 (1) (b). Florida Statutes. I am awa
Signature of a member of This document is executed in accordant any false information submitted in a document is executed	ce with section 605.0203 (1) (b), Florida Statutes. I am awa
Signature of a member of This document is executed in accordant	ce with section 605.0203 (1) (b), Florida Statutes. I am awa
Signature of a member of This document is executed in accordant any false information submitted in a document is executed	ce with section 605.0203 (1) (b), Florida Statutes. I am awa
Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. Robert Queen	er an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am awa cument to the Department of State constitutes a third degree