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12-30-24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

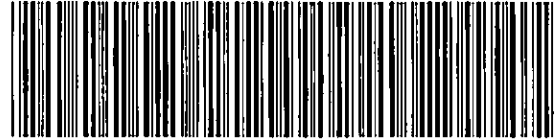
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/16/24

W/24000 K14257

Office Use Only



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10/08/24--01005--013 **155.00

2024 DEC 16 PM 4:42
CLERK OF COURT
STATE OF FLORIDA
CLERK OF COURT
STATE OF FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VAL Medical L.L.C
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Vito Lipuma
(Contact Person)

VAL Medical LLC
(Firm/Company)

12155 US 2 APT 1173
(Address)

North Palm Beach, FL 33408
(City, State and Zip Code)

Lipuma - Valmedical@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Vito Lipuma at (603) 406-8028
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☒ \$155.00 Filing Fees
and Certificate of
Status

☐ \$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 **and attached Articles of Organization** 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:

VAL Medical

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a

LLC

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of

New Hampshire

(Enter state, or if a non-U.S. entity, the name of the country)

on April 3rd 2023

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

VAL Medical LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 10/1/2024

(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.

RECEIVED
FLORIDA DEPARTMENT OF STATE
JUL 15 PM 4:42
TALLAHASSEE, FL

Signed this 1 day of October 2024.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Vito Cipama Title: President

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]
Printed Name: Vito Cipama Title: President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ 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:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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STATE
FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VAL Medical L.L.C

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12155 US 7 APT 1173
North Palm Beach FL
33408

Mailing Address:

12155 US 7 APT 1173
North Palm Beach FL
33408

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Vito Liluma

Name

12155 US 7 APT 1173

Florida street address (P.O. Box NOT acceptable)

North Palm Beach FL 33408

City

Zip

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.

Vito Liluma

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE
REG. FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

~~AMBR~~ AMBR

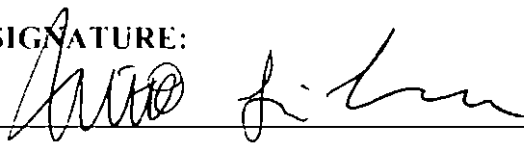
Name and Address:

Vito Lipuma
12155 US 4 APT 1173
North Palm Beach FL 33408

(Use attachment if necessary)

ARTICLE 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.

Vito Lipuma

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)

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RECEIVED



State of New Hampshire
Department of State
2024 ANNUAL REPORT

Filed
Date Filed: 9/25/2024
Effective Date: 9/25/2024
Business ID: 928087
David M. Scanlan
Secretary of State

BUSINESS NAME:	VAL MEDICAL L.L.C.
BUSINESS TYPE:	Domestic Limited Liability Company
BUSINESS ID:	928087
STATE OF FORMATION:	New Hampshire

CURRENT PRINCIPAL OFFICE ADDRESS	CURRENT MAILING ADDRESS
33 Artisan Way Dover, NH, 03820, USA	33 Artisan Way Dover, NH, 03820, USA

REGISTERED AGENT AND OFFICE	
REGISTERED AGENT:	United States Corporation Agents, Inc. (625105)
REGISTERED AGENT OFFICE ADDRESS:	1 New Hampshire Avenue S125 Portsmouth, NH, 03801, USA

PRINCIPAL PURPOSE(S)	
NAICS CODE	NAICS SUB CODE
OTHER / Distributing medical supplies	

MANAGER / MEMBER INFORMATION		
NAME	BUSINESS ADDRESS	TITLE
Vito Anthony Lipuma	33 Artisan Way, Dover, NH, 03820, USA	Member

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.	
Title: Authorized Signer	
Signature: Vito Anthony Lipuma	
Name of Signer: Vito Anthony Lipuma	

State of New Hampshire

Department of State

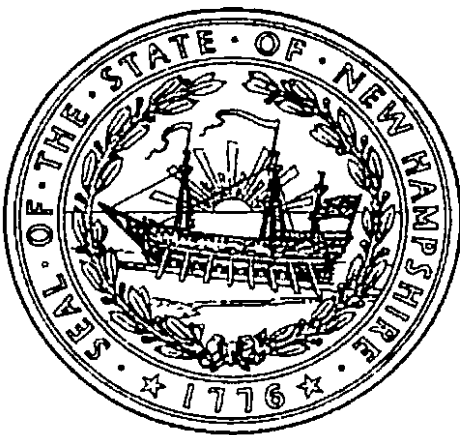
CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that VAL MEDICAL L.L.C. is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on April 03, 2023. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 928087

Certificate Number: 0006782313

2021 DEC 16 PM 4:42
STATE
OFFICE



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 25th day of September A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State