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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

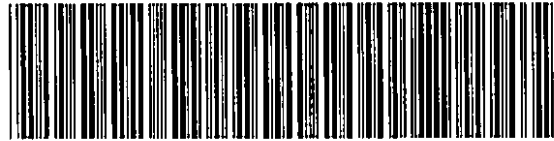
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. BURCH

T. BURCH
AUG 3 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: VALERIUS CORPORATION
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

BRYAN MCFARLANE
Contact Person

VALERIUS CORPORATION
Firm/Company

1221 ARDEN OAKS DRIVE
Address

OCOOE, FL 34761
City, State and Zip Code

valeriuscorporation@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYAN MCFARLANE at (917) 887-7402
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity" into a Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

VALERIUS CORPORATION

Enter Name of Other Business Entity

2. The "Other Business Entity" is a CORPORATION

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

first organized, formed or incorporated under the laws of NEW JERSEY

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

on 06/30/2013

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

VALERIUS CORPORATION

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 06/30/2017

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.**)

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.

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Signed this 25th day of JULY, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]
Printed Name: BRYAN MCFARLANE Title: VICE PRESIDENT

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

Signature: [Signature]
Printed Name: VALERIE MCFARLANE Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: VALERIUS CORPORATION _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address	Mailing address, if different is:
1221 ARDEN OAKS DRIVE _____	_____
OCOE, FLORIDA 34761 _____	_____
_____	_____
_____	_____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSPORTATION OF FREIGHT _____

TRANSPORTATION LOGISTICS _____

ARTICLE IV SHARES

The number of shares of stock is: 100 _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VALERIE MCFARLANE, PRESIDENT _____	Name and Title: BRYAN MCFARLANE, VICE PRESIDENT _____
Address: 1221 ARDEN OAKS DRIVE _____	Address: 1221 ARDEN OAKS DRIVE _____
OCOE, FL 34761 _____	OCOE, FL 34761 _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: REGISTERED AGENTS INC.
Address: 3030 N. ROCKY POINT DR, STE 150A
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRYAN MCFARLANE
Address: 1221 ARDEN OAKS DRIVE
OCOOEE, FL 34761

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Bryan McFarlane 7/25/17
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. 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.

Bryan McFarlane 7/25/17
Required Signature/Incorporator Date