P18000081395

(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:			

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	ŕ		COVER LETTER	•
TO:	Charter Section Division of Con	porations		• • • • • • • • • • • • • • • • • • •
SURIE	CT: V & M Dev	relopment Group LLC		
SODOL		Name of	Resulting Florida Profit	Corporation
			s of Incorporation, and fe cordance with s. 607.11	ees are submitted to convert an "Other Business 15, F.S.
Please	return all corresp	ondence concerning this	s matter to:	
Antonio	o Almeida			
		Contact Person		
		Firm/Company		
9769 S	Orange Blossom t	rail unit # 37		
		Address		
Orlando	o, FL 32837			
	-	City, State and Zip Cod	e	
autopip	ousa@gmail.com			
E	-mail address: (t	o be used for future annu	ual report notification)	
For fur	ther information	concerning this matter,	please call:	
Antonio	o Almeida		_at (407)690-3	193
	Name of Co	ontact Person	Area Code and	1 Daytime Telephone Number
Enclos	ed is a check for	the following amount:		
≡ \$10:	5.00 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



March 20, 2018

ANTONIO ALMEIDA 4930 SPIRAL WAY ST CLOUD, FL 34771

SUBJECT: V & M DEVELOPMENT GROUP, INC.

Ref. Number: W18000012702

We have received your document for V & M DEVELOPMENT GROUP, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 418A00002690

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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

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SECRETARY OF STATE
TALLAHASSEE FOR STATE
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:
V & M Development Group LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company (Enter antity type, Example, limited liability company, limited partnership
(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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
12/29/2017
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:
V & M Development Group INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 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.

Signed thisday of	. 20 18
Required Signature for Florida Profit Corporation:	
Incorporator:	
Required Signature(s) on behalf of Other Business I	
Signature: Antonio Almeida Printed Name:	Title:
Signature: '	
Printed Name:	Title: Vice-President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability	
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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

ARTICLE I NAME V & M Developmen	t, INC		
The name of the corporation shall be:			_
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is:			
Principal street address		Mailing address, if different is:	
4930 Spiral Way			
St Cloud , FL 34771			
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:			
All Lawful Business			.
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		m-c M-c	
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ARTICLE IV SHARES The number of shares of stock is:			
The number of shares of stock is.			_
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title: Antonio Almeida/President	Name and Titl	Diego Coello/ Vice-President le:	
ddress: 4930 Spiral Way		4930 Spiral Way	
St Cloud , FL 34771		St Cloud , FL 34771	
me and Title:	Name and Titl	le:	
iress:	Address:		
	_		
e and Title:	Name and Titl	le:	
:ss:	Address:		
	_		

	e and Florida street address (P.O. Box NOT acceptate	ole) of the registered agent is:	
Name:	Antonio Almeida		
Address:	4930 Spiral Way		
	St Cloud, FL 34771		
ARTICL			
The name	e and address of the Incorporator is:		
Name:	Antonio Almeida		
Address:	4930 Spiral Way		
	St Cloud, FL 34771		

	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated herein to the Department of State constitutes a third degree		ion submitted in a
		06/11/2018	
	Required Signature/Incorporator	Date	

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SECRETARY OF STATE
FALLAHASSEE, FLORID: