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Division of Corporations

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2022 MAR -7 PM 12: 22

SECRETARY OF STATE TALLAHASSEE, FL

February 17, 2022

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BENJAMIN VOLD BENJAMIN VOLD ASSOCIATES LLC 2716 6TH PLACE VERO BEACH, FL 32968

SUBJECT: BENJAMIN VOLD ASSOCIATES INC

Ref. Number: W22000020076

We have received your document for BENJAMIN VOLD ASSOCIATES 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please complete the marked section in the Articles of Conversion. A signature is missing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 322A00004027

SCURE IARY OF STATE

#### **COVER LETTER**

TO:

**New Filing Section** 

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**Division of Corporations** 

#### SUBJECT: BENJAMIN VOLD ASSOCIATES INC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all corresp	oondence concerning this	s matter to	);	
<b>BENJAMIN</b>	VOLD			
	Contact Person		<del></del>	
BENJAMIN VOL	D ASSICATES LI	LC		
	Firm/Company			
2716 6th Pl	_ACE			
	Address			
VERO BEA	CH, FL 3296	86		
	City, State and Zip Code	<del></del>		
	OLDSCAPES@GMA			
E-mail address: (t	o be used for future annu	al report	notification)	
For further information	concerning this matter,	please cal	l: .	
<b>BENJAMIN</b>	VOLD	at (77	2 5	32-1441
Name of Co	ontact Person		Area Code a	nd Daytime Telephone Number
Enclosed is a check for	the following amount:			
\$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		75 Filing Fee ified Copy	es \$\subseteq\$\$\\$122.50\$ Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr				et Address:
New Filing Section				Filing Section
Division of Corporations			Division of Corporations	
P.O. Box 632'				Centre of Tallahassee
Tallahassee, FL 32314			241:	N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
BENJAMIN VOLD ASSOCIATES LLC
Enter Name of the Converting Entity
2. The converting entity is a LIMITED LIABILITY COMPANY
(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-old-class entry, the name of the country)
<sub>on</sub> JANAURY 12, 2017
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: BENJAMIN VOLD ASSOCIATES INC
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: 1/1/2022  The effective date: Connect be prior to not more than 90 days after the date this decomment is filed by the Florida.
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid 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.

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Signed this 24 day of JANUARY	, <sub>20</sub> 22	
Required Signature for Florida Profit Corporation	<u>n:</u>	
Signature of Director, Officer, or, if Directors or Officer		<del>;</del>
Printed Name: BENJAMIN VOLD Title: PR	RESIDENT	
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).]	rida partnerships, limited partnerships, a	and limited liability
Signature:		_
Printed Name: BENJAMIN VOLD	Title: AMBR	<del>-</del>
Signature:		_
Printed Name: KATELYN VOLD	MBR	_
Printed Name: BENJAMIN VOLD  Signature: Printed Name: KATELYN VOLD  Signature: Ctury Vocal		_
Printed Name:		
Signature:		<del>_</del>
Printed Name:	Title:	_
Signature:		-
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	2022 HAR 35CRL P
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	MAR -7 MAR -7 AHASSE
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		PH 4: 5
All others: Signature of an authorized person.		56 3107
Fees:  Articles 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 FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE The princips	II PRINCIPAL OFFICE all place of business/mailing address is:		
	Principal street address	Mailing address, if different is:	
2716 6th PLACE VERO BEACH, FL 32968		2716 6th PLACE VERO BEACH, FL 32968	
		TAL.	202 <b>2 M</b> AR
ARTICLE The number	IV SHARES of stock is: 100	NASS	IAR -7
ARTICLE	V OFFICERS AND/OR DIRECTORS		PM
	RENJAMIN VOLD DRESIDENT	س ائے	
Name and T	itle: BENJAMIN VOLD, PRESIDENT	Name and Title:	÷
	2716 6th PLACE	Name and Title:	<u>.</u>
Address:	2716 6th PLACE VERO BEACH, FL 32968	5-	C
Address:	2716 6th PLACE	Address:	<u></u>
Address: Name and T	2716 6th PLACE VERO BEACH, FL 32968	5-	57
Address: Name and T	2716 6th PLACE VERO BEACH, FL 32968 KATELYN VOLD, VP	Address:	57
Address: Name and T Address:	2716 6th PLACE VERO BEACH, FL 32968  KATELYN VOLD, VP  2716 6th PLACE	Address:	

ARTICL. The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NO	Γ acceptable) of the registered agent is:
Name:	BENJAMIN VOLD	
Address:	2716 6th PLACE	
	VERO BEACH, FL 32968	
+++++++	**************************************	vive of process for the above stated corporation at the place designated in
		ointment as registered agent and agree to act in this capacity
	Zin Us	1/24/2022
	Required Signature/Registered Agent	Date

FILL L.

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SELICLIARY OF STATE
TALL AHASSEE, FLORID: