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C. GOLDEN FEB 1 5 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

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| Name: | Rabbottini, Inc |] |
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| Availability Document Examiner Updater Verifier W.P. Verifier | Amount: \$ 150.00 Thank you! | |
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COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Robbo Hin LLC (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: |
| Brian Cuna (Contact Persoh) Holcomb + Leung P.A. (Firm/Company) 1 (Firm/Company) 1 (Address) (Address) (City, State and Zip Code) |
| E-mail Address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call: 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) \$\int \frac{1}{3}\frac{150.00}{3}\frac{155.00}{3}\frac{150.00}{3 |
| STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |



FLORIDA DEPARTMENT OF STATE

February 14, 2017

CT CORP

SUBJECT: RABBOTTINI, LLC. Ref. Number: W17000012152

Correction the Same please please Filing

We have received your document for RABBOTTINI, LLC and the authorization to debit your account in the amount of \$150.00. However, the document has not been filed and is being returned for the following:

You must list the managers name.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 717A00002862



The har wife FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 10, 2017

CT CORP

SUBJECT: RABBOTTINI, LLC Ref. Number: W17000012152

We have received your document for RABBOTTINI, LLC and the authorization to debit your account in the amount of \$15.00. However, the document has not been filed and is being returned for the following:

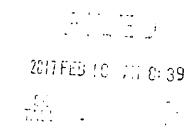
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 317A00002736



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.

| Rabbottini, Inc. | mmediately prior to the filing of the Articles of Conversion is: |
|--|--|
| (Enter Name of C | Other Business Entity) POH 000039243 |
| 2. The "Other Business Entity" is a corporation | n |
| (Enter entity | y type. Example: corporation, limited partnership, partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under | the laws of Florida |
| Feb. 19, 2004 | (Enter state, or if a non-U.S. entity, the name of the country) |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Rabbottini, LLC | Company as set forth in the attached Articles of Organization: |
| (Enter Name of Florida L | .imited Liability Company) |
| 4. If not effective on the date of filing, enter | the effective date: upon filing |
| (The effective date: 1) cannot be prior to dafter the date this document is filed by the the effective date listed in the attached Art | late of receipt or filed date nor more than 90 calendar days Florida Department of State; AND 2) must be the same as icles of Organization, if an effective date is listed therein.) the applicable statutory filing requirements, this date will not be listed as the |
| 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.

| Signed this 9th | day of February | 20_17 |
|-------------------------|--|--------------------------------------|
| | horized Representative of Limit | |
| Signature of Auth | norized Representative: | Straman |
| Printed Name: <u>Dr</u> | Mary Stedman | Title: President |
| Sionature(s) on h | ehalf of Other Business Entity: 1 | See below for required signature(s)] |
| | | |
| Signature: VV | Istiduan | Tista, Descident |
| Printed Name: Dr. | Mary Stedman | _ Title: President |
| Signature: | | |
| Printed Name: | | Title: |
| Ciamata | | |
| Signature: | | Title: |
| rimed Name | | |
| Signature: | | |
| Printed Name: | • | _ Title: |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | |
| Printed Name: | | Title: |
| If Florida Corpo | ration: | • |
| | rman, Vice Chairman, Director, or (| Officer. |
| | ficers have not been selected, an Inc | |
| Y6 Y21 | -1 Mantagardin au Timitad Tinbili | tr. Dorenovskim |
| Signature of one | al Partnership or Limited Liabili General Partner | ty Fatthership. |
| D.B.iataro or one | | |
| | d Partnership or Limited Liabilit | y Limited Partnership: |
| Signatures of AL | L General Partners. | |
| All others: | | |
| Signature of an au | uthorized person. | |
| - 8 | • | |
| Fees: | | |
| Articles o | of Conversion: | \$25.00 |
| | Florida Articles of Organization: | \$125.00 |
| Certified | | \$30.00 (Optional) |
| | e of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A DOWN CK FOR A DAY | 2017 FEB 10 \$: 3 9 |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company | ie: |
| The name of the Emilied Liability Company | |
| Rabbottini, LLC | |
| (Must contain the words "Limited Liab | ility Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | aminging of the Limited Lightlity Company is: |
| The mailing address and street address of the | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 8937 Magnolia Chase Circle | 8937 Magnolia Chase Circle |
| Tampa, FL 33647 | Tampa, FL 33647 |
| | |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Brian A. Leung | gistered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Brian A. Leung | egistered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Brian A. Leung No. 3203 W. Cypress St., | egistered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Brian A. Leung No. 3203 W. Cypress St., | ne registered agent are: ame P.O. Box NOT acceptable) |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Brian A. Leung No. 3203 W. Cypress St., Florida street address (I | egistered Agent. You must designate an individual or another ne registered agent are: |

| ARTICLE IV- | | | • |
|--|--|---------------------------------------|----------------|
| The name and address of each perso Company: | n authorized to manage and cont | rol the Limited Liability | |
| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | ii. | |
| "MGR" = Manager | Dr. Mary Stedman | | |
| MGR | 8937 Magnolia Chase Circle | | |
| | Tampa, FL 33647 | | |
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| (Use attachment if necessary) ARTICLE V: Effective date, if other than to (If an effective date is listed, the date must prior to or 90 calendar days after the date Note: If the date inserted in this block does not mee document's effective date on the Department of State | st be specific and cannot be me e of filing.) t the applicable statutory filing requirer | ore than five business | days |
| ARTICLE VI: Other provisions, if any. | | | |
| | | | - - |
| REQUIRED SIGNATURE: | A | | |
| | Tamax | | |
| This document is executed in I am aware that any false infor | er or an authorized representa accordance with section 605.0203 (1) (mation submitted in a document to the mation submitted for in s.817.155, F.S. | (b), Florida Statutes. | |
| Dr. Mary Stedman | | | |
| | yped 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)