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(Requestor	s Name)
(Address)	
(Address)	
(City/State)	Zip/Phone #)
(City/State/	Zipretione #j
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
(======================================	·······,
Certified Copies C	ertificates of Status
Special Instructions to Filing,O	fficer:
Offic	e Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: RAINBOW CROW, LLC	
(Name of R	esulting Florida Limited Company)
•	icles of Organization, and fees are submitted to convert an "Othe Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:
HRISTINKA DIMITROVA	
(Contact Person)	
RAINBOW CROW, LLC	
(Firm/Company)	
176 CAMDEN CAY DR	
(Address)	
ST AUGUSTINE, FL, 32086, USA	
(City, State and Zip Code)	
tina.ivanov@rainbowcrow.com	
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this m	atter, please call:
HRISTINKA DIMITROVA	at (203) 300-1999
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e 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:	Street Address:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	est organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	03/20/2013
•	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RA	NINBOW CROW, LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tument'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.

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Signed this 04 day of March	20 21)		
•			
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: HRISTINKA DIMITROVA	Title: Authorized Member	_	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Printed Name: Hristinka Dimitsora	Title: Ruthorized Months	-	
Signature:Printed Name:	Title:	_	
Signature:Printed Name:	Title	_	
Signature: Printed Name:	Title:	- -	
Signature:	·-··	_	
Signature:Printed Name:	Title:	-	2
Signature:Printed Name:	Title:	- 3-	0 :
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.		
If Directors or Officers have not been selected, an Inc	corporator must sign.		ઉ
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:) (8
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:		
Signatures of ALL General Partners.			
All others: Signature of an authorized person.			
Fees:			
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00		

Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na			
The name of the L	Limited Liability Company	' IS:	
RAINBOW CROW,			
(M	lust contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of the	e principal office of the Limite	ed Liability Company is:
Principal Office	Address:	Mailing Address:	
176 CAMDEN CAY	DR	176 CAMDEN CAY DR	
ST AUGUSTINE, F	L, 32086, USA	ST AUGUSTINE, FL, 3208	36, USA
	.		
The name and the Florida street address of the registered agent are: HRISTINKA DIMITROVA Name 176 CAMDEN CAY DR Florida street address (P.O. Box NOT acceptable)		50 11.15 - 5 - 12.1 9: 26 20 11.15 - 5 - 12.1 9: 26	
	ST AUGUSTINE	<u></u> .	26 26
		FL 32086	3.
	City	Zip	
liability comp registered agent statutes relatin	pany at the place designate and agree to act in this cap og to the proper and comple bligations of my position as	nd to accept service of process yed in this certificate, I hereby acceptive. I further agree to compete performance of my duties, as registered agent as provided for the process of the provided for the process of the provided for the process of the	ccept the appointment as ply with the provisions of al and I am familiar with and

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	HRISTINKA DIMITROVA		
	176 CAMDEN CAY DR		
	ST AUGUSTINE, FL, 32086, USA		
AMBR	VESSELA DIMITROVA		
	1120 CR 65		
	BUNNELL, FL, 32110, USA		
			
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(Use attachment if necessary)		-	
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ARTICLE V: Other provisions, if any.			6
			_
DECLUDED CICNATUDE.	//		
REQUIRED SIGNATURE:			
ll l			

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.

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)