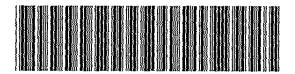
# L060000075851

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	ə#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
		The state of the s	

Office Use Only



900078113509

07/31/06--01017--014 \*\*150.00

OF INL 31 PH 3: 48

4 BRYAN \_AUG - 1 2006

# **COVER LETTER**

TO: Registration Section

Division of Corporations		
SUBJECT: Ripe WITH AU  (Name of Peculing	Thority UC Florida Limited Company)	· ·
,	ticles of Organization, and fees are submitted to	o
Please return all correspondence concerning	g this matter to:	
Contact Person)  FITULT ASSOCIATES, 1  (Firm/Company)  PODD SW 87 CT  (Address)  MIAMI, FL 33176	PA	06 11. 31 PM 3: 49
(Address)  M1441, FC 33176  (City, State and Zip Code)		om 3: 49
For further information concerning this man	tter, please call:	
(Name of Contact Person)  Enclosed is a check for the following amou	at (305) 11-1000 (Area Code and Daytime Telephone Number)	_
\$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 Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

# **Certificate of Conversion**

For

# "Other Business Entity"

Into

### Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this	_
Certificate of Conversion is:  Fi DE w 724 AS 7740 CM, INC #P0100000110109	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>Conformation</u> .	
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,	
general partnership, common law or business trust, etc.)	
first organized, formed or incorporated under the laws of Flory DA	_
(Enter state, or if a non-U.S. entity, the name of the country)	
on 1/4/06	
(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 Limited Liability Company as set forth in the attached Articles of Organization:	
·	
RIDE WITH AUTHORITY, CUC	
(Enter Name of Florida Limited Liability Company)	

Page 1 of 2

5. If not effective on the date of filing, enter the effective date:  (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 Organization, if an effective date is listed therein.)	
Signed this YY day of Jucy 2006	₹.
Signature of Authorized Person:	
Printed Name: WICCIAM ROBERSON Title: PRES_ 399	
Fees:	

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

Certificate of Status:

\$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	
RIDZ WITH AUTHORS	py, Lic
(Must end with the words "Limited Liability Company, "Limi"L.C.,")	ited Company" or their abbreviation "LLC," or
ARTICLE II - Address: The mailing address and street address of the planting Company is:	,
Principal Office Address:	Mailing Address:
50105W/11 AVE	CAN 9
1010500/11 AVE MIAMI, FC 33165	ed Office, & Registered Agent's
(The Limited Liability Company cannot serve as its own Regindividual or another business entity with an active Florida registration.)  The name and the Florida street address of the WICH My Robert Name and Company	registered agent are:
Florida street address (P.C	
MIAY/ City, Sta	FL 33/6 [
City, Sta	ate, and Zip
Having been named as registered agent and above stated limited liability company at the pereby accept the appointment as register capacity. I further agree to comply with the the proper and complete performance of my accept the obligations of my position as re Chapter 808,	place designated in this certificate, I red agent and agree to act in this provisions of all statutes relating to duties, and I am familiar with and gistered agent as provided for in

(CONTINUED) Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGNM	WILLIAM ROHEASON SOID SWILLANE MITHILIPETSIGS
<del> </del>	0 J
	ω
	ری (Use attachment if necessary)
FICLE V: Effective date, if other than the FIONAL)  n effective date is listed, the date must ness days prior to or 90 days after the date.	t be specific and cannot be more than five
REQUIRED SIGNATURE:	The state of the s
(In accordance with section 608, of this document constitutes an a	.408(3), Florida Statutes, the execution ffirmation under the penalties of perjury tated herein are true.)

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)