# L15000080033

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE, FLORID

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### **COVER LETTER**

TO:	Registration S Division of C				,	
SUBJ	ECT: RED H	OT WEBS INC.				
5035		(Name o	of Resulting Florida	Limited	d Company)	-
					d fees are submitted to cocordance with s. 605.10	
Please	return all corre	espondence concerning	g this matter to:			
MAR	IA R LARRON	IDO				
		(Contact Person)				
RED	HOT WEBS II	NC.				
		(Firm/Company)				
2800	FIORE WAY,	114				
		(Address)				
DELF	RAY BEACH, I	FL 33445				
	(C	City, State and Zip Code)				
redho	twebs@hotm	ail.com				
E-m	ail Address: (to be	e used for future annual rep	port notifications)			
For fu	rther informatio	on concerning this mat	ter, please call:			
MAR	A R LARRON	IDO	at (561	330-	2578	
	(Name of Contac	ct Person)	<del>-</del> -	(Dayı	time Telephone Number)	
Enclos	sed is a check for	or the following amou	nt:			
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	

## STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 266! Executive Center Circle Tailahassee, FL 32301

## MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 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.

(Cii	ter Name of Other Business Entit	y)
2. The "Other Business Entity" is	CORPORATION	P040000162
	(Enter entity type. Example: cogeneral partnership, commo	orporation, limited partnership,
First organized, formed or incorpor	rated under the laws of FLC	DRIDA
on 04/15/2004	(Enter st	tate, or if a non-U.S. entity, the name of the country)
(date of organization, formation or inc	corporation)	
0.70	11:10	
3. The name of the Florida Limited	d Liability Company as set i	forth in the attached Articles of Organization:
3. The name of the Florida Limited RED HOT WEBS, LLC	d Liability Company as set	forth in the attached Articles of Organization:
RED HOT WEBS, LLC	of Florida Limited Liability Con	

Page 1 of 2

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15 APR 30 AM 9: 27

SECRETARD OF STATE
TAN ANASSEE, FLORIDA

Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Manuer MARIA R LARRONDO	52 × 0
Signature of Authorized Representative: Wan	a X Janso
Printed Name: MARIA R LARRONDO	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Maria Romando	
Printed Name: MARIA R LARRONDO	Title: PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	_ Title:
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
TOTAL LIL CO.	
If Florida Corporation:	¬ e~
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	v Partnarchin
Signature of one General Partner.	y i at theiship.
Signature of one denotal Factorial	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Eagu	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	· ·
Certificate of Status;	\$5.00 (Optional)

Signed this 27th day of APRIL 20 15

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
RED HOT WEBS, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2800 FIORE WAY, 114 DELRAY BEACH, FL 33445	2800 FIORE WAY, 114 DELRAY BEACH, FL 33445

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARIA R LARRONDO	
Nam	ne
2800 FIORE WAY, 114	
Florida street address (P.O	O. Box <u>NOT</u> acceptable)
DELRAY BEACH	<u>FL 33445</u>
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 APR 30 AM 9: 27
SECRETARY OF STATE

"MGR" = Manager PRESIDENT			
TILOIDEN	MARIA R LARRONDO 2800 FIORE WAY, 114 DELRAY BEACH, FL 33445		
<del></del>			
(Use attachment if necessary)			
RTICLE V: Effective date, if other than the f an effective date is listed, the date must l or 90 days after the date of filing.)			
or so days after the date of filing.			
RTICLE VI: Other provisions, if any.		15 APR SECRE TALLAH	五
		15 APR 3D SECRETARY TALLAHASSE	おり出
	Your Oc	APR CRET	RECEIVED
RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Maux	Ities of perjury that the facts stated homitted in a document to the Departs	LAHASSEE, FLORIDA of a member. of this document herein are true.	RECEIVED

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

ARTICLE IV-

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