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(Re	equestor's Name)	
(Ac	ldress)	
(Ác	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u>-</u> <u>-</u>		

Office Use Only



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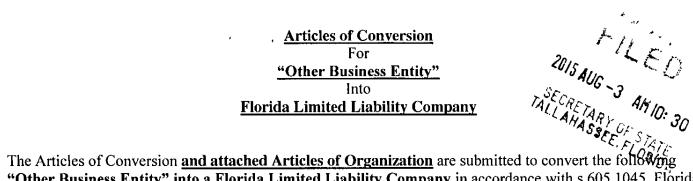
AUB - 8 2015 T DEMINA

COVER LETTER

TO: Registration S Division of C	Section orporations				
SUBJECT: RCI Capit	tal Partners, LLC.				
	(Name	of Resulting Florida	Limite	ed Company)	
		_		nd fees are submitted to convert an accordance with s. 605.1045, F.S.	"Other
Please return all corre	espondence concernin	g this matter to:			
Domenick Lioce					
	(Contact Person)				
Nason, Yeager, Gerson, V	Vhite & Lioce, P.A.				
	(Firm/Company)				
1645 Palm Beach Lakes	Boulevard, Suite: 1200				
	(Address)				
West Palm Beach, Florid	a 33401				
(0	City, State and Zip Code)				
dlioce@nasonyeager.com	1				
E-mail Address: (to be	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
Taylor Smith		561	213-5	5851	
(Name of Contact	ct Person)	_at ((Area Code)) (Day	ytime Telephone Number)	
Enclosed is a check for	or the following amou	ınt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center	ons	Registra Division P. O. Bo	ation (n of C ox 63	Corporations	

Tallahassee, FL 32314

Tallahassee, FL 32301



"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of RCI Capital Partners, Inc.	Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
July 13, 2015 (Enter state, or if a non-U.S. entity, the name on (date of organization, formation or incorporation)	of the country)
(date of organization, formation or incorporation)	
	of Organization:
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of RCI Capital Partners, LLC.	of Organization:
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	of Organization:

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 30 day of July	
Signature of Authorized Representative of Limi	ited Liability Company:
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature	
Signature: Printed Name: Taylor Smith	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ind	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY Mallo 3 Mills on

ARTICLE I - Name:	
The name of the Limited Liability Company is	:

RCI Capital Partners, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address

Timespur Girice Haaress.	Tractic Vibration of the Control of
1700 Northwest 15th Avenue	401 East Las Olas Boulevard
Suite: 365	Suite: 130-441
Pompano Beach, Florida 33069	Fort Lauderdale, Florida 33301

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:

Taylor Smith	
N	lame
401 East Las Olas Boulevar	rd, Suite: 130-441
Florida street address	(P.O. Box NOT acceptable)
Fort Lauderdale	FL 33301
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

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Taylor Smith
	401 East Las Olas Boulevard, Suite: 130-441
	Fort Lauderdale, Florida 33301
	
(Use attachment if necessary)	
If an effective date is listed, the date muso or 90 days after the date of filing.)	the date of filing: July 30, 2015 . (OPTIONAL) ust be specific and cannot be more than five business days prior eet the applicable statutory filing requirements, this date will not be listed as the ate's records.
REQUIRED SIGNATURE:	
This document is executed in I am aware that any false inf	aber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Tayl	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)

Page 2 of 2