

L15000194201

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

11/11/15

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S. GILBERT

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TALLAHASSEE, FL 32301

15 NOV -9 PM 12:49

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BRETT L. SWIGERT, P.A.

ATTORNEY AT LAW
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10935 SE 177TH PLACE, SUITE 205
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EUSTIS, FLORIDA 32726
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November 6, 2015

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: R. Losinno & Company, LLC
Effective Date: January 1, 2016

To whom it concerns:

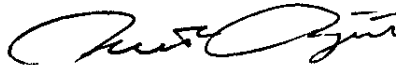
I have enclosed the following documents for the organization of R. Losinno & Company, LLC:

1. Articles of Conversion, along with a copy of same;
2. Articles of Organization for Florida Limited Liability Company, along with one copy of same;
3. My firm's check in the amount of \$150.00 for the Department of State's filing fees.

Please file the enclosed Articles and send the proof of filing to my post office box address shown in the letterhead above.

Thank you for your assistance with this matter.

Yours very truly,



Brett L. Swigert

BLS/ar

Enclosures

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
15 NOV -9 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: R. Losinno & Company, LLC, a Pennsylvania limited liability company.

2. The "Other Business Entity" is a limited liability company. First organized, formed, or incorporated under the laws of the State of Pennsylvania on September 26, 2006.

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: R. Losinno & Company, LLC.

4. If not effective on the date of filing, enter the effective date: January 1, 2016.
(The effective date: 1) cannot be prior to date of receipt or filed date 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes. The conversion was approved by the foreign converting entity in accordance with the laws of its jurisdiction of formation and by each member of the converting entity who, as a result of the conversion, will have interest holder liability number s. 605.1043(1)(b) and whose approval was required.

6. The Florida Department of State may send any process served on the department pursuant to s. 605.0117 and Chapter 48 to: 1305 Oporto Drive, The Villages, FL 32162.

7. The converted entity has agreed to pay the members the amount to which such members are entitled under s. 605.1005 and s. 605.1016-605.1072.

Signed this 6th day of November, 2015.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Ralph Losinno

Printed Name: Ralph Losinno Title: Sole Member (Manager)

Signature of Behalf of Other Business Entity:

Signature: Ralph Losinno

Printed Name: Ralph Losinno Title: Sole Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: R. Losinno & Company, LLC.

ARTICLE II - Address:

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

Principal Office Address:
1305 Oporto Dr., The Villages, FL 32162

Mailing Address:
1305 Oporto Dr., The Villages, FL 32162

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:

Brett L. Swigert
1231 N. County Road 452
Eustis 32726

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)

ARTICLE IV - 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

Ralph Losinno
1305 Oporto Dr.
The Villages, FL 32162


ARTICLE V - Effective Date

Effective date, if other than the date of filing: January 1, 2016 .

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
16 NOV - 9 PM 3:30
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CLERK OF THE STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:


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.

Ralph Losinno

Typed 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)