L1600005019/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·
6016 -1	1310/0	





300280065493

02/08/16--01032--020 **185.00

SECHETHRY OF STATE TALLAHASSEE FLORIDA





COVER LETTER

Division of C	Corporations		
SUBJECT: RSRX, L	LC		
SUBSECT.	(Name	of Resulting Florida	Limited Company)
			on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Anna M Vignetti			
	(Contact Person)		•
RSRX, LLC			
	(Firm/Company)		•
309 Medora Street			
	(Address)		•
Auburndale, FL 33823			
(1	City, State and Zip Code)		•
amvignetti@gmail.com			
E-mail Address: (to b	e used for future annual re	port notifications)	•
For further informati	on concerning this ma	tter, please call:	
Anna Vignetti		at (9009991
(Name of Conta	et Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check f	or the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Fifing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	
STREET ADDRESS	S:	MAILI	NG ADDRESS:
Registration Section			ation Section
Division of Corporati Clifton Building	ions		n of Corporations ox 6327
2661 Executive Center	er Circle		ox 6327 ssee, FL 32314
Tallahassee, FL 3230		* 11111111	The second of th

INHS11 (06/15)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2016

ANNA M VIGNETTI 309 MEDORA STREET AUBURNDALE, FL 33823

SUBJECT: RSRX, LLC

Ref. Number: W16000013106

We have received your document for RSRX, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 016A00003653

APPROVED AND FILED

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

16 MAR 14 AM 7: 34

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 RSRX, LLC	Entity" immediately prior to the filing of the Articles of Conversion is:
	Name of Other Business Entity)
/ I DE I liner Hulginegg Hnilly ig a	Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporate	ted under the laws of Minnesota
	(Enter state or if a non II & entity the name of the country)
on May 30, 2013 (date of organization, formation or incomparison)	rporation)
3. The name of the Florida Limited l	Liability Company as set forth in the attached Articles of Organization:
(Enter Name of	f Florida Limited Liability Company)
4. If not effective on the date of filin	eg, enter the effective date: February 3, 2016
(The effective date: 1) cannot be p date this document is filed by the F date listed in the attached Articles	rior to date of receipt or filed date nor more than 90 days after the florida Department of State; <u>AND</u> 2) must be the same as the effective of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been a	pproved in accordance with all applicable statutes.

Page 1 of 2

•	•	APPHOVEL
Signed this 31st day of January	20_16	FILED
Signature of Authorized Representative of Lin		16 MAR 14 AM 7:34
Signature of Authorized Representative:	Cathi	
Printed Name: Anna M Vignetti	Title: President	SECRETARY OF STATE
Signature(s) oir behalf of Other Business Entity:	(See below for required sign:	ature(s)
Signature: Printed Name: Anna M Vignetti		
Printed Name: Anna M Vignetti	Title: President	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		<u> </u>
Signature: Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir		
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125,00 \$20,00 (Ontional)	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RSRX, LLC					
(M	fust end with the words "Limited Li	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	d Liability C	ompa	ny is:
Principal Office	Address:	Mailing Address:			
309 Medora Street		309 Medora Street			
Auburndale, FL 338		Auburndale, FL 33823	ent's Signati	ures	
ARTICLE III - I The Limited Liability (business entity with an	Registered Agent, Registe Company cannot serve as its own Re active Florida registration.) Florida street address of the	Auburndale, FL 33823 red Office, & Registered Age egistered Agent. You must designate an in	ent's Signation of the Market	-	APPHOVE AND FILED
ARTICLE III - I The Limited Liability (business entity with an	Registered Agent, Registe Company cannot serve as its own Re n active Florida registration.) Florida street address of the Carmelina Vignetti	Auburndale, FL 33823 red Office, & Registered Age egistered Agent. You must designate an in	ent's Signaturion of STATE OF STATE		APPHOVER
ARTICLE III - I The Limited Liability (business entity with an	Registered Agent, Registe Company cannot serve as its own Re n active Florida registration.) Florida street address of the Carmelina Vignetti	Aubumdale, FL 33823 red Office, & Registered Age egistered Agent. You must designate an in the registered agent are:	ent's Signate and vidual Allansee Floring	H M 7:	APPHOVES AND FILED
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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)

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Anna M Vignetti
	309 Medora Street
	Auburndale, FL 33823
	SAH T
**	
	<u> </u>
	
LE V: Effective date, if other than the frective date is listed, the date must	he date of filing: February 3, 2016 . (OPTIONA st be specific and cannot be more than five business of
effective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet's effective date on the Department of States.	et the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the offective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet the date on the Department of States.	et the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than to ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet's effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false informations.	et the applicable statutory filing requirements, this date will not be te's records. Deer or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membration of the degree of the degree felor constitutes a third degree felor.	et the applicable statutory filing requirements, this date will not be te's records. Deer or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-