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



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TY MAK 13 PK 4: 18
SECRE FIREY OF STATE
TALLAHASSEE FLORIDA

17 MAR 13 PM 4:



March 29, 2017

RETIREMENT PLANNING RESOURCES LLC 2ND ML 5726 CORTEZ RD. W. #125 BRADENTON, FL 34210

SUBJECT: RETIREMENT PLANNING RESOURCES LLC

Ref. Number: W17000021765

We have received your document for RETIREMENT PLANNING RESOURCES LLC and your check(s) totaling \$137.57. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

I am enclosing a Conversion form. To file the Conversion note the additional filing fee.

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 617A00004909

COVER LETTER

SUBJECT: RETIREN	MENT PLANNING RESO	URCES LLC		
	(Name of Res	ulting Florida Limited Con	npany)	_
	s of Conversion, Articl a "Florida Limited Li		ccordance with s. 605.	.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	Note:	Jam roque ril 1, 2017 ie date as ely requested erworld felo
SHIRLEY FORTUNE			ing Op	NO1, 2017
RETIREMENT PLANN	(Contact Person) ING RESOURCES LLC		effecti	ie date as
5726 CORTEZ RD. WES	(Firm/Company)		origina	ly requested
5720 CORTEZ RD. WE.	(Address)		on page	miorte file
BRADENTON, FL 3421	0		3-13	-\ _
(Cafortune49@gmail.com	City, State and Zip Code)		+	frænke you. Shuley Fortane
E-mail Address: (to b	e used for future annual rep	port notifications)		Shirley Fortiene
For further information	on concerning this mat	iter, please call:		
Shirley Fortune		at (<u>941</u>) <u>224-7</u>	7201 ytune Telephone Number)	
(Name of Conta	ct Person)	(Area Code) (Day	ytime Telephone Number)	
	or the following amou a bank located in the		sed by this office must Bal due	t be payable in US Cle 547.43 anclosed
☐ \$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	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	premiser Pd \$ 1375
STREET ADDRESS	S:	MAILING A		101.07
New Filing Section	•	New Filing S		
Division of Corporat Clifton Building	ions	Division of C P. O. Box 63		3-13-17
2661 Executive Cent	er	Tallahassee,		

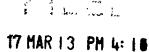
Tallahassee, FL 32314

32301

Circle Tallahassee, FL

TO: New Filing Section
Division of Corporations

Articles of Conversion For



"Other Business Entity" Into

Into SECRETARY OF STATE Florida Limited Liability CompanyALL AHASSEE 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.

	Enter Name of Other Business Entity)
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 incor	porated under the laws of ALABAMA
JULY 25, 2014	(Enter state, or if a non-U.S. entity, the name of the country)
On(date of organization, formation o	incorporation)
o man a sea man ta ta	
	ited Liability Company as set forth in the attached Articles of Organization RCES LLC
RETIREMENT PLANNING RESOU	•
RETIREMENT PLANNING RESOU	me of Florida Limited Liability Company)
(Enter N 4. If not effective on the date of (The effective date: 1) cannot after the date this document is the effective date listed in the	APRIL 1, 2017 Tiling, enter the effective date: APRIL 1, 2017 be prior to date of receipt or filed date nor more than 90 calendar days filed by the Florida Department of State; AND 2) must be the same as attached Articles of Organization, if an effective date is listed therein.) does not meet the applicable statutory filing requirements, this date will not be listed as the

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 5TH day of APRIL	20 <u>17</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	Stilley Fortiere
Printed Name: SHIRLEY FORTUNE	Title: AMBR
Signature(s) on behalf of Other Business Entity:	
Signature: Shirley Fortune Printed Name: SHIRLEY FORTUNE	110
Printed Name: SHIRLEY FORTUNE	Title: AMBR
Fillied Name. office Front o.g.	Title.
Signature:	
Signature: Printed Name:	Title;
Signature:Printed Name:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title
Timed Tume.	
Signature:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ity Limited Doutnesship.
Signatures of <u>ALL</u> General Partners.	ty Linned Partnersiip:
organities of <u>ADD</u> deficient uniters.	
All others:	
Signature of an authorized person.	
_	
Fees:	
Articles of Conservation	¢25 (V)
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Optional)
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
confidence of Status.	SS.VV (Optionar)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is.

(Mu	st contain the words "Lumited	Liability Company, "L.I. C., "or "LLC")	
ARTICLE II - Ac			
The mailing addre	ss and street address o	f the principal office of the Limited I	liability Company is:
Principal Office /	Address:	Mailing Address:	
6904 CORTEZ RD W	/EST#171	5726 CORTEX RD WEST #125	
BRADENTON, FL 34	4210	BRADENTON, FL 34210	
(The Limited Liability C	Registered Agent, Regionmany cannot serve as its of active Florida registration.)	gistered Office, & Registered Agent wn Registered Agent. You must designate an ind	evidual or another
(The Limited Liability C business entity with an	company cannot serve as its concerned Florida registration.) Florida street address	wn Registered Agent. You must designate air ind of the registered agent are:	evidual or another
(The Limited Liability C business entity with an	ompany counct serve as its of active Florida registration.)	wn Registered Agent. You must designate air ind of the registered agent are:	evidual or another
(The Limited Liability C business entity with an	company cannot serve as its concerned Florida registration.) Florida street address	wn Registered Agent. You must designate air ind of the registered agent are: ERED AGENT, LLC Name	TO MAR 13 SECILL ARRY TALL AHASSI
(The Limited Liability C business entity with an	company cannot serve as its cactive Florida registration.) Florida street address NORTHWEST REGIST 3030 N. ROCKY POIN	wn Registered Agent. You must designate air ind of the registered agent are: ERED AGENT, LLC Name	TO MAR 13 SECILL ARRY TALL AHASSI
(The Limited Liability C business entity with an	company cannot serve as its cactive Florida registration.) Florida street address NORTHWEST REGIST 3030 N. ROCKY POIN	wn Registered Agent. You must designate air ind of the registered agent are: ERED AGENT, LLC Name UDR , STE 150A	evidual or another

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. Thereby 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..

Tom Glover, Manager
Registered Agent's Signature (REQUIRED)

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	ALDEDE LODELINE
AMBR	ALBERT FORTUNE
	6904 CORTEZ RD W. #171
	BRADENTON, FL 34210
	ALLIN FRANCISCO STATES
AMBR	SHIRLEY FORTUNE
	6904 CORTEZ RD W. #171
	BRADENTON, FL. 34210
	the date of filing: APRIL 1, 2017 (OPTIO
CLE V: Effective date, if other than the effective date is listed, the date must or 90 calendar days after the date the date inserted in this block does not meen at's effective date on the Department of State	st be specific and cannot be more than five busine of filing.) t the applicable statutory filing requirements, this date will not be
TLE V: Effective date, if other than the frective date is listed, the date must or 90 calendar days after the date the date inserted in this block does not meet's effective date on the Department of States.	st be specific and cannot be more than five busine of filing.) t the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than to affective date is listed, the date must or 90 calendar days after the date the date inserted in this block does not meent's effective date on the Department of State CLE VI: Other provisions, if any.	st be specific and cannot be more than five busine of filing.) t the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than a effective date is listed, the date must or 90 calendar days after the date the date inserted in this block does not mee at's effective date on the Department of State	st be specific and cannot be more than five busine of filing.) t the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must or 90 calendar days after the date the date inserted in this block does not meent's effective date on the Department of State CLE VI: Other provisions, if any.	st be specific and cannot be more than five busine of filing.) t the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than to effective date is listed, the date must or 90 calendar days after the date 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:	st be specific and cannot be more than five busine to of filing.) It the applicable statutory filing requirements, this date will not be a records.
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CLE V: Effective date, if other than a effective date is listed, the date must or 90 calendar days after the date 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 memb This document is executed in I am aware that any false infor	er of an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes mation submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must be or 90 calendar days after the date. The date inserted in this block does not meent's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed in Lam aware that any false infor	st be specific and cannot be more than five busine of filing.) I the applicable statutory filing requirements, this date will not be a records. A second an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes

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

ARTICLE IV-