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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harrie)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:	New Filing So Division of C				
SUR	ECT. RLCS CC	OMPUTER REPAIR LLC			
SUL		(Name of Res	ulting Florida Limite	d Com	ppany)
					d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
лв RC	тн				
		(Contact Person)			
ROTH	I LAW FIRM PL				
		(Firm/Company)			
234 C	ANAL BLVD, SU	ITE 2			
		(Address)			
PONT	E VEDRA BEAC	H, FL 32082			
		City, State and Zip Code)			
	OTHLAWFIRM.				
E-1	nail Address: (to b	e used for future annual rep	port notifications)		
For fi	ırther informatio	on concerning this mat	tter, please call:		
JB RC	TH		_at (595-7	7900
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 f	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STR	EET ADDRES	S:	MAILI	NG A	ADDRESS:
New	Filing Section		New Fil	_	
	ion of Corporati	ions	Divisio P. O. Be		Corporations
	on Building Executive Cent	er			FL 32314

32301

Circle Tallahassee, FL

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: RLCS COMPUTER REPAIR, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIDA
MARCH 1, 2017 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: RLCS COMPUTER REPAIR LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar 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.
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 12TH day of APRIL	_ 20_17
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: JB ROTH	Title: AUTHORIZED REPRESENTATIV
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: RAFAEL LOPEZ	Title: PRESIDENT
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	FICL	E I	- Na	me:
		462 6	- 134	

The name of the Limited Liability Company is:

RLCS COMPUTER REPAIR LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
105 MURABELLA PKWY.	105 MURABELLA PKWY.		
UNIT 9	UNIT 9		
ST AUGUSTINE FL 32092	ST. AUGUSTINE, FL 32092		

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:

ROTH LAW FIRM PL	
Nam	ie
234 CANAL BLVD., SUITE 2	
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
PONTE VEDRA BEACH	FL 32082
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)

ARTICLE IV-

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

# A N A D D # _ A 1 N A 1	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	RAFAEL LOPEZ
	105 MURABELLA PKWY, UNIT 9
	ST. AUGUSTINE, FL 32092
<u> </u>	
(Use attachment if necessary)	
(Use attachment if necessary)	ne date of filing: (OPTIONAL)
TICLE V: Effective date, if other than the	ne date of filing:
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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.

JEAN B. ROTH, AUTHORIZED REPRESENTATIVE 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)