# 11700135530

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





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## COVER LETTER \*

TO:	New Filing Son Division of C				
SUR	ECT: Reality M	Ierchant Consultants LLC			
000		(Name of Res	ulting Florida Limite	d Com	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
Stephe	en Hannon				
		(Contact Person)			
Reality	y Merchant Consul	Itants LLC			
		(Firm/Company)			
6014	00th Ave. East				
		(Address)			
Parris	n, Fl 34219				
	((	City, State and Zip Code)			
Realit	yMerchantConsult	ants@gmail.com			
E-t	nail Address: (to b	e used for future annual re	port notifications)		
For fi	ırther informati	on concerning this ma	tter, please call:		
Stephe	en Hannon		_at ( <sup>410</sup> )	279-5	883
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the	·	ocess	sed by this office must be payable in US
(\$25 fc & \$12:	0.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		S185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILI	NG A	ADDRESS:
	Filing Section	_	New Fil		
	ion of Corporat	ions	Divisior P. O. Bo		forporations
	n 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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ality Merchant Consultants LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a LLC
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fii	st organized, formed or incorporated under the laws of Maryland
οn	7-18-2014 (Enter state, or if a non-U.S. entity, the name of the country)
011	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Re	ality Merchant Consultants LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T aft the No	the effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar days the 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.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.

	Authorized Representative of Limit	4	
Signature of A Printed Name:	Authorized Representative: Stephen Hannon	Title: Member	
	on behalf of Other Business Entity:		
Signature: 👱	Stephen Hannon	Til ha 114 h 215	
Printed Name:	- stonen Hannon	Title: MENT DCY	·····
Signature:	·		
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Signature: Printed Name	:	•	
Signature: Printed Name If Florida Co Signature of C	: rporation: Chairman, Vice Chairman, Director, or	Officer.	
Signature: Printed Name If Florida Co Signature of C	:	Officer.	
Signature: Printed Name If Florida Co Signature of C If Directors of	: proration: Chairman, Vice Chairman, Director, or r Officers have not been selected, an In- eneral Partnership or Limited Liabili	Officer. corporator must sign.	
Signature: Printed Name If Florida Co Signature of C If Directors of	: <u>rporation:</u> Chairman, Vice Chairman, Director, or r Officers have not been selected, an Inc	Officer. corporator must sign.	
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Signature:Printed Name  If Florida Co Signature of C If Directors of  If Florida Ge Signature of C  If Florida Lin Signatures of  All others: Signature of a  Fees:  Articl Fees: Certif	crporation: Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inceneral Partnership or Limited Liabilitione General Partner.  mited Partnership or Limited Liability ALL General Partners.  un authorized person.  les of Conversion:	Officer. corporator must sign.  ty Partnership:  ty Limited Partnership:  \$25.00	17 JUN 21 PH SEGNCIAGY OF PALLAHASSELF

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	ame: Limited Liability Company	is:
Reality Merchant C	Consultants LLC	
		ility Company, "L.L.C.," or "LLC.")
ARTICLE II - A	Address:	
		principal office of the Limited Liability Company
Principal Office	Address:	Mailing Address:
6014 100th Ave. Ea	act	6014 100th Ave East
OUTT TOUGHT AVE. L	431	oo; i roomiii e zant
Parrish, Fl 34219  ARTICLE III - (The Limited Liability	Registered Agent, Registe Company cannot serve as its own Re	Parrish, Fl 34219  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
Parrish, Fl 34219  ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Rean active Florida registration.) The Florida street address of the	Parrish, Fl 34219  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
Parrish, Fl 34219  ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registe (Company cannot serve as its own Rean active Florida registration.) The Florida street address of the Bill Harve	Parrish, Fl 34219  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another the registered agent are:
Parrish, Fl 34219  ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registe (Company cannot serve as its own Rean active Florida registration.) The Florida street address of the Bill Harve	Parrish, Fl 34219  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registe  Company cannot serve as its own Rean active Florida registration.)  The Florida Street address of the Bill Harve  No. 3030 N. Rocky Point Dr.	Parrish, Fl 34219  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registe  Company cannot serve as its own Rean active Florida registration.)  The Florida Street address of the Bill Harve  No. 3030 N. Rocky Point Dr.	Parrish, Fl 34219  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another the registered agent are:
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ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Registration.)  The Florida street address of the Bill Harve  No. 3030 N. Rocky Point Dr.  Florida street address (Florida street address)	Parrish, Fl 34219  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another  re registered agent are:  me  2.O. Box NOT acceptable)

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)

FILED

17 JUN 21 PH 1:30

SECRETARY STATE

Stephen Hannon  GOLLI 100th Ave. F.  Parrisch, Fl. 342/9  The second of filing:  specific and cannot be more than five business
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<b>ling.)</b> pplicable statutory filing requirements, this date will not bords.
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100101001
an authorized representative of a member.  dance with section 605.0203 (1) (b), Florida Statutes.  In submitted in a document to the Department of State  rovided for in s.817.155, F.S.  Annum  or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

the

ARTICLE IV-