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(Requestor's Nam	ie)
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(City/State/Zip/Ph	one #)
PICK-UP WAIT	☐ MAIL
(Business Entity	vame)
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Certified Copies Certification	tes of Status
Special Instructions to Filing Officer:	
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Office Use	Only



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#### **COVER LETTER**

TO: New Filing Section Division of Corporat	tions	
SUBJECT: RJW E	(Name of Resulting Florida Limited Company)	
11	inversion, Articles of Organization, and fees are submitted to convert an "Other rida Limited Liability Company" in accordance with s. 605.1045, F.S.	
Please return all corresponde	ence concerning this matter to:	
Rick Wilso	act Person)	
RJW ENS	DEAUORS, LLC (Company)	
708 Cherry	Layrel ST. Address)	
Minneola	Florida 34715 te and Zip Code)	
R5W2415@	hoT Mail, Com or future annual report notifications)	
For further information conc	cerning this matter, please call:	
(Name of Contact Person	at (352) 432-5781 (Area Code) (Daytime Telephone Number)	
	following amount: (All checks processed by this office must be payable in US clocated in the United States)	
	5.00 Filing Fees and Certified Copy Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
New Filing Section Division of Corporations	New Filing Section Division of Corporations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Conversion**

For

## "Other Business Entity"

Into

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.

	Business Entity" immediately prior to the filing of the Articles of Conversion is:		
RTW ENDE			
	(Enter Name of Other Business Entity)		
2. The "Other Business Ent	ity" is a <u>LimiTed</u> <u>LiabiLiTt</u> (ompant Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		
(Enter entity type.	Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		
First organized, formed or in	ncorporated under the laws of Neva da  (Enter state, or if a non-U.S. entity, the name of the country)		
	(Effer state, of tra non-0.5, effert, die hante of the country)		
on Januar / 5	2012		
(date of organization, formation	ion or incorporation)		
3. The name of the Florida	Limited Liability Company as set forth in the attached Articles of Organization:		
RJW ENDEAUORS, LLC (Enter Name of Florida Limited Liability Company)			
(Ent	er Name of Florida Limited Liability Company)		
4. If not effective on the da	te of filing, enter the effective date: Januar 1/5/2018.		
(The effective date: Canno	t be prior to date of receipt or filed date nor more than 90 calendar days after		
the date this document is t	filed by the Florida Department of State'.)		
	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 h	as been approved in accordance with all applicable statutes. 165 @		
	Business Entity" has agreed to pay any members having appraisal rights the amount to entitled under ss. 605.1006 and 605.1061-605.1072, F.S. Yes		

Signed this 22 nd day	of November	_20 <u>_/'7</u> .
Signature of Authorized	   Representative of Limit	ed Liability Company:
Signature of Authorized R	epresentative: Kuk	Willow
Signature of Authorized R Printed Name: Kick W	ILSON	Title: Manager
		See below for required signature(s)]
Signature: Kuk	la	Title: Manayer
Printed Name: KICK (	WILSON_	Title: Manager
	1	•
Signature:	<u>                                     </u>	Title
Printed Name:	1	_Title:
	<b>!</b>	
Printed Name:	1	
Timed Name.	1	
Signature:		
Printed Name:		Title:
Signature:	<u> </u>	
Printed Name:	<u></u>	
	i	
Signature:		
Printed Name:		_ Title:
If Florida Corporation:	Clui was Diseases as C	NCC
Signature of Chairman, Vic		
If Directors or Officers hav	e not been selected, an inc	orporator must sign,
If Florida General Partne	 	v Partnershin:
Signature of one General P		y I at the surp.
Signature of one General I	1	
If Florida Limited Partne	rship or Limited Liability	y Limited Partnership:
Signatures of ALL General		
· —		
All others:		
Signature of an authorized	person.	
Fees:		
		,
Articles of Conver		\$25.00
	rticles of Organization:	\$125.00
Certified Copy:		\$30.00 (Optional)
Certificate of Statu	is:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
R TW ENDEA VORS, LLC (Must contain the words "Limited Liability Compa	ony "LLC " or "LC")
(Must contain the words) Entitled Liability Compa	any. L.E.C., of thee.
ARTICLE II - Address:	
The mailing address and street address of the principa	l office of the Limited Liability Company is:
Principal Office Address: Mai	iling Address:
708 LERRY LAUREL ST. 70 Minneolal, Florida 34715 Mi	08 cherry Laurel ST. Nreula, Florida 34715
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agentius business entity with an active Florida registration.)	
The name and the Florida street address of the registe	red agent are:
Rick Wikson Name	<del> </del>
Rick Wikson Name  708 Clerat Laursh Florida street address (P.O. Box	
Minneola F City	L 34715 Zip
Having been named as registered agent and to accept liability company at the place designated in this cregistered agent and agree to act in this capacity. If statutes relating to the proper and complete performaccept the obligations of my position as registere	ertificate. I hereby accept the appointment as further agree to comply with the provisions of al mance of my duties, and I am familiar with and
Registered Agent's Signature	(REOUIRED)

(CONTINUED)

ARTICLE IV	ush awined to manage and control the Limited Liebility
Company:	uthorized to manage and control the Limited Liability
Title:  "AMBR" = Authorized Member  "MGR" = Manager  MOR"	Name and Address:  Rick Wilson 708 Clerr Layrel ST. Minnecha, Fh. 34715
	<u>```</u>
	<del></del>
	F11 28
(Use attachment if necessary)	H: 16 ORIDA
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	authorized representative of a member
This document is executed in accordance wi	th section 605,0203 (1) (b), Florida Statutes. I am aware that nt to the Department of State constitutes a third degree felony
Rick Wilson	
Туре	d or printed name of signee Filing Fees
\$125.00 Filing Fee for Articles of C	Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)	\$ 5.00 Certificate of Status (Optional)