# 118000055009

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	itate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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## **COVER LETTER**

TO: New Filing S Division of C				
SUBJECT: RYPRGE	ROUP,INC			
50D5ECT	(Name of Res	ulting Florida Limite	d Comp	pany)
		_		fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
EricP.Gros-Dubois				
	(Contact Person)			
EPGDAttorneysatLaw,	P.A.			
	(Firm/Company)			
2701PoncedeLeonBlv	d.,Suite202			
	(Address)			
CoralGables,FL33134				
(1	City, State and Zip Code)	-		
eric@epgdlaw.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
EricP.Gros-Dubois		_at (	83767	87
(Name of Conta	act Person)		(Dayti	ime Telephone Number)
	for the following amount a bank located in the		rocesse	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG AI	DDRESS:
New Filing Section		New Fil	_	
Division of Corporat	ions			orporations
Clifton Building 2661 Executive Cent	on Cinala	P. O. Bo		7 L 32314
ZOOT EXCULIVE CON	CI CIICIC	i anana:	<b>ふこて、ド</b>	L 141C4C

Tallahassee, FL 32301

### **Articles of Conversion**

For

### "Other Business Entity"

Into

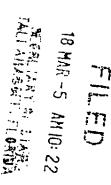
### Florida Limited Liability Company

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:

RYPRGROUP, INC 414-436 16
(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
First organized, formed or incorporated under the laws of
05/15/2014 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RYPRGROUP,LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 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.)
<u>Note:</u> 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 <u>22</u>	day of January		20_18	
				ed Liability Company:	
Signati Printed	ire of Authoria	zed Representative:	Kosi	Ultificial Martager	<del></del>
_	- (1)	If of Other Business F		See below for required signature(s)]	
Signatu Printed	Name: Rosella	Papale Papale	·	Title: Director	<del></del>
Signatu Printed	re: Name:			Title:	_
Signatu Printed	ıre: Name:			Title:	_
Signatu	ıre:				
Signatu	ıre:				_
Signatu	ire:			Title	
Printed Name: Title:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer.  If Directors or Officers have not been selected, an Incorporator must sign.					_
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
All oth Signati	ers: are of an autho	rized person.			
Fees:					
	Articles of Co Fees for Flor Certified Cop Certificate of	ida Articles of Organiz by:	zation:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. N		
ARTICLE I - Name: The name of the Limited Liability Company is:		
RYPRGROUP,LLC		
(Must contain the words "Limited Liability	Company, "lL.C.," or "LLC.")	<del></del>
ADTICLE II. Address.		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited	Liability Company is:
	•	, ,
Principal Office Address:	Mailing Address:	
1805PoncedeLeonBlvd.,Unit130	1805PoncedeLeonBlvd.,Unit	130
CoralGables,FL33134	CoralGables,FL33134	
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
EPGDAttorneysatLaw, P.A.		
Name		
2701PoncedeLeonBlvd.,Suite2	02	
Florida street address (P.O.		
CoralGables	mr 22124	
City	FL 33134 Zip	
J.,	<b>D</b> .p	
Having been named as registered agent and to		
liability company at the place designated in registered agent and agree to act in this capaci.		
statutes relating to the proper and complete p		
accept the obligations of my position as reg		
Sille		<b></b>
Registered Agent's Signa	ature (REOUIRED)	
		AREA TO
(CONTINU	J <b>ED</b> )	新老 6 声
		ED ##10: 22
		`> <del>&gt;</del> ~

### ARTICLE IV-

Į

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager MGR	Papale Investments, Inc. 1805 Ponce de Leon Blvd., Suite 202		
	Coral Gables, FL 33134		
		4	
	4 77 T	20 K A. ""()	
(Use attachment if necessary)	4: 1	7	
ARTICLE V: Other provisions, if any.			
	22		
REQUIRED SIGNATURE:		<del></del>	
	Paperle		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony	<i>,</i>	
Rosella Papale			

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)

Typed or printed name of signee