# L14000016A639

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALLANASSEE, FLORIDA

SECTARY OF STAF

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J. FASON

MAR 1 5 2018

# **COVER LETTER**

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Division of Corporations		
SUBJECT: REIKEY HOLDINGS, LLC		
(Name of Resu	ılting Florida Limite	d Company)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia		n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:	
JULIO C. PEREZ		
(Contact Person)		
REIKEY HOLDINGS, INC		
(Firm/Company)		
3501 W. VINE ST., SUITE 316		
(Address)		
KISSIMMEE, FL 34741		
(City, State and Zip Code)		
REIKEYHOMES@GMAIL.COM		
E-mail Address: (to be used for future annual rep	ort notifications)	
For further information concerning this matt	ter, please call:	
JULIO C. PEREZ	_at ()	890-9000
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amour dollars and drawn on a bank located in the L		ocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	<u> </u>
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	New Fil Divisior P. O. Bo	NG ADDRESS: ing Section of Corporations ox 6327 see, FL 32314

# **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: REIKEY HOLDINGS, 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
(Enter state, or if a non-U.S. entity, the name of the country)
OCTOBER 4, 2016 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: REIKEY HOLDINGS, 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.)
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.

FILED BLORETARY OF STATE

Signed this 1	4 day of MARCH	20_18
Signature of	Authorized Representative of Lin	nited Liability Company:
Signature of	Authorized Representative	
Printed Name	HULIO C. PEREZ	— Pitle: MGR
Signature(s)	on behalf of Other Business Entity:	[See below for required signature(s)]
a:		
Signature:	JULIO G. PEREZ	Title:-PRESIDENT
rimed Name	STORING CHARLES	THIC. TRESIDERI
Signature:		
Printed Name	X:	Title:
Signature:		
Printed Name	×	Title:
Signature		
Printed Name	···	Title:
Timed runne		
Signature:		
Printed Namo	o:	Title:
o		
Signature:		Title:
Printed Name	: <u> </u>	riue;
If Florida Co	orporation:	
	Chairman, Vice Chairman, Director, o	or Officer.
If Directors o	r Officers have not been selected, an I	incorporator must sign.
	eneral Partnership or Limited Liabi	<u>lity Partnership:</u>
Signature of o	one General Partner.	
If Florida Li	mited Partnership or Limited Liabi	lity Limited Partnershin:
	ALL General Partners.	
•		
All others:		
Signature of a	an authorized person.	
Fees:		
Artic	les of Conversion:	\$25.00
	for Florida Articles of Organization:	
	fied Copy:	\$30.00 (Optional)
	ficate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Compan	ıy is:
REIKEY HOLDINGS, LLC	
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of t	he principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3501 W. VINE ST.	3501 W. VINE ST.
SUITE 316	SUITE 316
KISSIMMEE, FL 34741	KISSIMMEE, FL 34741
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
JULIO C. PEREZ	
ì	Name
3501 W. VINE ST., SUITE	316
Florida street address	(P.O. Box <u>NOT</u> acceptable)
KISSIMMEE	FL 34741
City	Zip
Having been named as registered agent o	and to accept service of process for the above stated limit

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)

(CONTINUED)

### ARTICLE IV-

. • . • • • •

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

"MGR" = Manager  MGR  JULIO C. PEREZ  3501 W. VINE ST., SUITE 316  KISSIMMEE, FL 34741  (Use attachment if necessary)  CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155. F.S.  JULIO C. PEREZ	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
(Use attachment if necessary)  CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155. F.S.				
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as provided for in s.817.155, F.S.	any false information submitted in a docur	ment to the Department of State constitutes a third degree fel		
	as provided for in s.817.155, F.S.	,		

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)