L18000/7/199

(R	lequestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

M. MOON

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Office Use Only

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W16-48719

COVER LETTER

TO:	New Filing S Division of C					
SHR	JECT: RIQ AUT	TO REPAIR LLC				
SOD	<u> </u>	(Name of Re	sulting Florida Lim	ted Cor	mpany)	
		es of Conversion, Artic o a "Florida Limited L	_			
Pleas	c return all corr	espondence concernin	g this matter to:			
ROXA	ANA TUMBACO					超红石
		(Contact Person)		-		
CORN	ERSTONE TAX	AND ACCOUNTING SE	RVICES CORP			
		(Firm/Company)		-		
4835 I	HOLLYWOOD BI	LVD SUITE 4				``.'. I
		(Address)		-		18 JUL 11 PH 6: 31
HOLL	YWOOD, FL 330	21				* -
	((City, State and Zip Code)		-		•
ACCC	OUNTING@CORN	NERSTONETAXCORP.C	ОМ			
E-r	nail Address: (to b	e used for future annual re	port notifications)	-		
For fu	ırther informati	on concerning this ma	tter, please call:			
ROXA	NA TUMBACO		_at ()597-9	9461	
	(Name of Conta	net Person)	(Area Code	(Day	ytime Telephone Number)	
		for the following amount a bank located in the		roces:	sed by this office mus	t be payable in US
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto	EET ADDRES Filing Section ion of Corporat n Building	ions	New F Divisio P. O. E	iling S on of C Box 63	Corporations 27	
266 L	Executive Cent	er Circle	Tallaha	issee, l	FL 32314	

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.

	(Enter Name of Other Business Entity)	 ,
2. The "Other Busin	CORPORATION less Entity" is a	
(Enter ent	ity type. Example: corporation, limited partnership, g	eneral partnership, common law or business trust, etc.)
First organized, form	ned or incorporated under the laws of(Enter state,	or if a non-U.S. entity, the name of the country)
MARCH/24/2016		
on(date of organization	. formation or incorporation)	
3. The name of the RiQ AUTO REPAIR LL	Florida Limited Liability Company as set fortl .C	h in the attached Articles of Organization:
	(Enter Name of Florida Limited Liability Compan	 ıy)
4. If not effective on	the date of filing, enter the effective date:	
(The effective date: the date this docum Note: If the date inserted	Cannot be prior to date of receipt or filed of the filed by the Florida Department of S d in this block does not meet the applicable statutory file on the Department of State's records.	date nor more than 90 calendar days after tate.)
5. The plan of conver	rsion has been approved in accordance with a	ll applicable statutes.
	Other Business Entity" has agreed to pay any neers are entitled under ss. 605,1006 and 605,1061	

Signed this 7TH day of MAY	20 18	
		
Signature of Authorized Representative of Limi		
Signature of Authorized Representative:	11 (0)	
Printed Name: ROBERTO IZQUIERDO	Title: PRESIDENT	
		-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Zull Cim	<i></i>	
Printed Name: ROBERTO 12QUIERDO	Title: PRESIDENT	<u>-</u>
Signature:		
Printed Name:	Title:	-
Signature:Printed Name:	Till.	-
rimed Name:	Title:	_
Signature:Printed Name:		_
Printed Name:	Title:	-
Signature:		
Signature: Printed Name:	Title:	<u>-</u>
Signature: Printed Name:	Titla	_
Trined Name.		-
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an Inc	corporator must sign.	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.	y Emilieu i arthersing.	
All others:		يسور
All others:		760 18
All others: Signature of an authorized person.		18 JUL
All others: Signature of an authorized person. Fees:	t 25.00	18 JUL III
All others: Signature of an authorized person. Fees: Articles of Conversion:	\$25.00 \$125.00	18 JUL 11 T
All others: Signature of an authorized person. Fees:	\$25.00 \$125.00 \$30.00 (Optional)	TR JUL III THE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	ly is:
RIQ AUTO REPAIR LLC	
(Must contain the words "Limited L	dability 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:
111 W STRICKLAND ST	III W STRICKLAND ST
PLANT CITY, FLORIDA 33563	PLANT CITY FL 33563
business entity with an active Florida registration.) The name and the Florida street address of CORNERSTONE TAX AN	ND ACCOUNTING SERVICES COTO
r	Name
4835 HOLLYWOOD BLV	
Florida street address	(P.O. Box <u>NOT</u> acceptable)
HOLLYWOOD	FL 33021
City	Zip
liability company at the place designat registered agent and agree to act in this constant statutes relating to the proper and compacted accept the obligations of my position accept the obligations of my position accept the Registered Agent's	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)

ARTICLE IV-

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	ROBERTO IZQUIERDO III W STRICKLAND ST PLANT CITY FL 33563		
	18 UL		
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
This document is executed in accordance w	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony		
ROBERTO IZQUIERDO	ed 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)