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(Re	questor's Name)	
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18 AUG 13 PHI2: 16
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

AUG 1 4 2018 T SCHROEDER

COVER LETTER

SUBJECT: RLZ Consulting LCC (Name of Resulting Florida Limited Company)
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
RLZ CONSULTING LLC (Firm/Company) A75 1 TI BURON BIVE EAST, #301 (Address)
RLZ (Contact Person) RLZ (Contact Person)
(Firm/Company)
275 1 TI BURON BIVE EAST, #301
(Address)
NAPles, FL 37109
Naples, FL 34109 (City, State and Zip Code) RZACK a Cgmail.cm
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
RICHARD ZAK at (908) 578-Y538 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US
\$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees
STREET ADDRESS: MAILING ADDRESS:
New Filing Section Division of Corporations New Filing Section Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

INHS11 (7/17)

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Easter Name of Other Business Entity) (Easter Name of Other Business Entity)
2. The "Other Business Entity" is a limited limiting Corporation (Enter entity type. Example: corporation, limited partners op, general partnership, common law or business trust, etc.)
_
First organized, formed or incorporated under the laws of
on September 16,201 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RLZ Consulting LLC (Enter Name of Floriera Limited Liability Company)
(Enter Name of Florica 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 18 AUG 13 PH 12: SECRETARY OF STAIL AHASSEE, FLORE

Signed this 15+ day of lugust	20_18				
Signature of Authorized Representative of Limited Liability Company:					
Signature of Authorized Representative: Printed Name: (A HALD 1. ZACK	Title: HWASING Menber				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]					
Signature: Printed Name: RICHALIT L ZACK					
Printed Name: RICHALIT C. ZACK	Title: Managing Member				
Signature:					
Printed Name:	Title:				
Signature:					
Signature:Printed Name:	Title:				
Signature:					
Signature:Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature:	<u> </u>				
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 Liab Signature of one General Partner.	oility Partnership:				
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	pility Limited Partnership:				
All others: Signature of an authorized person.					
Fees:					
Articles of Conversion: Fees for Florida Articles of Organization Certified Copy: Certificate of Status:	\$25.00 a: \$125.00 \$30.00 (Optional) \$5.00 (Optional)				

18 AUG 13 PH 12: 16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

275 1 Tiberon Blvd F., #301 Negs, FL 34109

RLZ Consultag LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Varted States Corporation Agents, INC. Name 13302 Winding Oak Court Suik A
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33612 City Zip
City Zip -
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 Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc. Registered Agent's Signature (REQUIRED)
CONTINUED) (CONTINUED) (CONTINUED) (CONTINUED)

ARTICLE IV	γ.	-
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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 MGC	RICHARD L. ZACK 2751 TIBYRON BIVE E, #301 Nades, FL 34109	
 		
(Use attachment if necessary)	AUG 13	<u> </u>
ARTICLE V: Other provisions, if any.	PH IZ:	

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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

YKHARD L. ZACK

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)