8000 288 262

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

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COVER LETTER

TO: New Filing S Division of C					
SUBJECT:	-	rovevo cox	27 ·		
	(Name of Res	sulting Florida Limited Con	npany)		
	· ·	-	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.		
Please return all corr	espondence concernin	g this matter to:			
KRISTINA	·	-			
Hoday Mon	せ いの				
	(Contact Person)				
Kuddu	Nouns.				
	(Fifm/Company)				
321 BlACK	SPRNAS /A.	<i>0e</i>			
	(Address)		·		
WINTER GAR	Den) =1 3479	87.			
(1	Dev. $F1$, 3479 City, State and Zip Code)				
ruddyemor	eNOQQMael e used for future annual re	. com.			
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
_		· •	18-9531		
(Name of Conta	ict Person)	at (<u>646</u>) <u>5</u> (Area Code) (Day	time Telephone Number)		
	or the following amou a bank located in the	•	sed by this office must be payable in US		
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status		
STREET ADDRES	S:	MAILING A	ADDRESS:		
New Filing Section		New Filing Section			
Division of Corporat	ions	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

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 Ling of the Articles of Conversion is: Poddy Mover to corr 10000 373 (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Recelled Mover Co. L. L. (Enter entity type. Example: corporation limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FloviceA (Enter state, or if a non-U.S. entity, the name of the country)
on OSOBORO (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ruddy Morewo LL (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 11/21/8 (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>19</u> day of <u>DECEMBEA</u>	<u>20_18</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Xusta Printed Name: Kuddy Z. Moreno	Ville: Disoctor Asst.
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Kudsky D. Movewson Printed Name: J. Makis E. Movewson	
1	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Pees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Ruci Ay More NO LLC Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
321 Black Springs ANE WINTER GARDEN FI, 34787	SAME	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
Ruddy Moreso	· 	
•		
321 Black SPria Florida street address (P.O.	Box <u>NOT</u> acceptable)	
WINDTER GARDEN	FL 34787	
WINTER GARDEN City	Zip	
Having been named as registered agent and to liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regi	this certificate, I hereby accept the a y. I further agree to comply with the erformance of my duties, and I am f	appointment as he provisions of all familiar with and
Xuacou D. A.	Quant	
Rogistered Agent's Signa	nture (REQUIRED)	201
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(CONTINU	JED)	1:: O

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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	KRISTINA MORENO 321 Black SPRINGS LAWE WINTEZ GARder F1,34787		
AMBN	Ruday MoreND 32+ IBlack Springs IN whitergardin, F1, 34787		
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any.			
Signature of a member or 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		
Ty	ped 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)