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

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SECRETARY OF STATE ALL AHASSEE, FLORIDA

T SCHROEDER

COVER LETTER

	lew Filing S Division of C				
		•			
SUBJEC	CT: RC2 Inve	(Name of Re	sulting Florida Limi	ted Con	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please re	turn all corr	espondence concernin	g this matter to:		
Cynthia L	au				
	-	(Contact Person)		-	
	. - .	(Firm/Company)		-	
PO Box 80	0620			_	
		(Address)			
San Marin	io, CA 91118				
	((City, State and Zip Code)		=	
cindylau8	@yahoo.com				
E-mail	Address: (to b	e used for future annual re	port notifications)	-	
For furth	er informati	on concerning this ma	tter, please call:		
Cynthia L	au		_at (⁶²⁶) 926-3	831
(Name of Conta	et Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
S150.0 (\$25 for C & \$125 for of Organiz	r Articles	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Fili	F ADDRES ng Section of Corporat		New F	iling S	ADDRESS: ection 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 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.

(Enter Name of Other Business Entity)	***************************************
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, ge	eneral partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state)	
(Enter state,	or if a non-U.S. entity, the name of the country)
11/13/18 on .	
(date of organization, formation or incorporation)	
	li i de sateral de diales et Ossanianticas
3. The name of the Florida Limited Liability Company as set forth	in the attached Articles of Organization:
RC2 Investments LLC	
(Enter Name of Florida Limited Liability Compan	y)
4. If not effective on the date of filing, enter the effective date:	13/18
(The effective date: Cannot be prior to date of receipt or filed of	date nor more than 90 calendar days after
the date this document is filed by the Florida Department of S	
Note: If the date inserted in this block does not meet the applicable statutory file	ling 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 a	ll applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any make which such members are entitled under ss. 605.1006 and 605.1061	1-605.1072, F.S.
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	The second

Signed this 20132 day of November	20_18
Signature of-Authorized-Representative	of Limited Liability Company:
Signature of Authorized Representative: _ Printed Name: Cynthia Lau	1 Age
/ //	Entity: [See below for required signature(s)]
Signature: Printed Name: Cynthia Lau	Title: President
Signature:Printed Name:	Title:
	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected.	ector, or Officer.
If Florida General Partnership or Limiter Signature of one General Partner.	d Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	I Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: FILED

18 DEC 18 PM 1:45

SECKENARY OF SIMILE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RC2 Investments L1			
(:	Must contain the words "Limited Lic	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing addr	ress and street address of th	e principal office of the Limited	l Liability Company is:
n			
Principal Office	Address:	Mailing Address:	
220 SW Magnolia L	.fi	PO Box 80620	
Ft White, FL 32038		San Marino, CA 91118	
	·		
(The Limited Liability	Company cannot serve as its own R	ered Office, & Registered Age legistered Agent. You must designate an in	ndividual er another
(The Limited Liability business entity with a	Company cannot serve as its own R in active Florida registration.) c Florida street address of the Cynthia Lau	tegistered Agent. You must designate an in	ndividual or another 18 CONE 20 CONE 2
(The Limited Liability business entity with a	Company cannot serve as its own R in active Florida registration.) c Florida street address of the Cynthia Lau	tegistered Agent. You must designate an ir	FILEI FILAHASSEE PH
(The Limited Liability business entity with a	Company cannot serve as its own R in active Florida registration.) c Florida street address of the Cynthia Lau	tegistered Agent. You must designate an in	FILED FILED FILED FILED FILED FILED
(The Limited Liability business entity with a	Company cannot serve as its own R in active Florida registration.) c Florida street address of t Cynthia Lau N 220 SW Magnolia Ln	tegistered Agent. You must designate an in	ndividual or another
(The Limited Liability business entity with a	Company cannot serve as its own R in active Florida registration.) c Florida street address of t Cynthia Lau N 220 SW Magnolia Ln	Registered Agent. You must designate an in the registered agent are:	FILED FILED FILED FILED FILED FILED

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager President	Cynthia Lau
rtesident	PO Box 80620
	San Marino, CA 91118
	
	FAS
(Use attachment if necessary)	Mo.
•	E.
	<u> </u>
LE V: Other provisions, if any.	2
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member
any false information submitted in a doct as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe
Cynthia Lau	
Ty	yped or printed name of signee
	Filing Fees

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

ARTICLE IV-