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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2019

ANNA THA RICKIA MITCHELL PO BOX 801240 MIAMI, FL 33280

SUBJECT: THE COLLECTION BY RICKIA, L.L.C.

Ref. Number: W19000045342

We have received your document for THE COLLECTION BY RICKIA, L.L.C. and your check(s) totaling \$328.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: The Collection by Rickia J. L. C. (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:				
Approvettra Rickia Mitchell (Contact Person)				
(Firm/Company)				
P.O. Box SOBYO (Address)				
Many FL 33280 (City. State and Zip Code)				
E-mail Address: (to be used for future annual report notifications)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (325) 924 - 8408 (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$180.00 Filing Fees and Certified Copy  Certified Copy and Certificate of Status				
STREET ADDRESS: MAILING ADDRESS:				

New Filing Section Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

#### INHS11 (7/17)

New Filing Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ka, L.L.C. y Company, "L.L.C.," or "LL.C.")
rincipal office of the Limited Liability Company is:
Mailing Address:
P.O. Box 8012110 Miani, Fr. 33280
d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
registered agent are:
a Mitchell
D. Box <u>NOT</u> acceptable)
FI. 3814(Y) Zip
n this certificate. I hereby accept the appointment as eity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S  All SSE FORMAN AND SECURITION OF THE PROPERTY OF

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Armietha Ricka Mitchell P.O. Bex Solayo Mianis Fi 33280
	TALLAMAS
(Use attachment if necessary)	O AM 7: 51 SEE FLORID
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony Rickia MAchell
$\mathrm{Ty}_{\mathrm{l}}$	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)