# L19000232555

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

N. SAMS SEP 2 4 2019



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SECONOLINATE PROSESSIONAL AND SECONOLINATE PROSESSIONAL PROSE

# COVER LETTER

Division of C					
SUBJECT: RMR Co	mmunications, LLC				
	(Name of Res	ultin	g Florida Limite	d Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g thi	s matter to:		
Robert Antinarelli- Gene	ral Manager				
	(Contact Person)				
RMR Communications,	LLC				
	(Firm/Company)				
4040 Del Prado Bouleva	rd South				
	(Address)				
Cape Coral, FL 33904					
	City, State and Zip Code)				
rob@rmrcom.com					
E-mail Address: (to b	e used for future annual re	port r	notifications)		
For further informati	on concerning this ma	tter,	please call:		
Robert Antinarelli		at	(239	707-4	2270
(Name of Conta	et Person)	aı	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the	-	•	ocess	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I d Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:				ADDRESS:
New Filing Section	•		New Fil	_	
Division of Corporat Clifton Building	ions		P. O. Bo		orporations 27
2661 Executive Cent	er Circle				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 "Oth	er Business Entity" is a LLC
(	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organiz	ed, formed or incorporated under the laws of
September on	24th, 2010
(date of org	ganization, formation or incorporation)
3. The name	of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RMR Commun	nications LLC
	(Enter Name of Florida Limited Liability Company)
4 16	Onch 15th 2010
the date this Note: If the da	rective on the date of filing, enter the effective date:  October 15th, 2019  re date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after a document is filed by the Florida Department of State.)  te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.
the date this Note: If the da document's effective for the day of	de date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after a document is filed by the Florida Department of State.)  te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
the date this Note: If the da document's effect.  The plan of the "Conv	document is filed by the Florida Department of State.) te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.

Signed this 20th day of September	_ 20_19		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative:	Title: General Manager		
Signature(s) on behalf of Other Business Entity: 1.	See below for required signature(s)	-	
Signature: Printed Name: Michael Hauchurst	Title: Director of IT	-	
Signature:Printed Name:		-	
		(, )	20
Signature: Printed Name:	_ Title:	HANT.	019 SEP 16
Signature:Printed Name:	_ Title:	277	
Signature:Printed Name:	_ Title:		PH 12: 03
Signature:Printed Name:		_	ω
Printed Name:	Title:	-	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RMR Communication		ability Company, "L.L.C.," or "LLC,")	<u>.</u>
Μ)	lust contain the words "Limited Lie	ability Company, "L.L.C., or "LUC.)	
ARTICLE II - Ac The mailing addre		e principal office of the Limited	d Liability Company is:
Principal Office	Address:	<b>Mailing Address:</b>	
4040 Del Prado Blvd	South	4040 Del Prado Blvd South	
Cape Coral FL, 3390	4	Cape Coral FL, 33904	
The name and the	Florida street address of t  Robert H Antinarelli  N	he registered agent are:	FILE!
	4040 Del Prado Blvd South  Florida street address (P.O. Box <u>NOT</u> acceptable)		20 m
			<b>FD</b> PHI2: 03
	Cape Coral	FL 33904	)3
	City	Zip	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:		
Michael Hawxhurst		
· · · · · · · · · · · · · · · · · · ·		
Lake City FL, 32024		
Robert Antinarelli		
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	Michael Hawxhurst 447 S.W. Eva Ter Lake City FL. 32024	Michael Hawxhurst  447 S.W. Eva Ter  Lake City FL. 32024  Robert Antinarelli  1801 S.E. 21st Ter  Cape Coral FL, 33990

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.

Robert H Antinarelli

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)