

(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.

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PILL D

COVER LETTER

TO: New Filing Se				
Division of C	•			
SUBJECT: RIDEES I	LLC			· · · · · · · · · · · · · · · · · · ·
	(Name of Res	sulting Florida Limite	ed Con	npany)
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization ability Company	on, an '' in a	nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
PABLO RODRIGUEZ				
	(Contact Person)			
BEST QUICK TAX RET	URNS			
	(Firm/Company)			
320 S . BUMBY AVE SU	JITE 10			
	(Address)			
ORLANDO FLORIDA 3	2803			
(0	City, State and Zip Code)			
BQITR@MSN.COM				
E-mail Address: (to be	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
PABLO RODRIGUEZ	-	. 407	. 896-7	7921
(Name of Conta	et Person)	_at ((Day	rtime Telephone Number)
Enclosed is a check for		nt: (All checks p		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 and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Fil	ling S	ection
Division of Corporati Clifton Building	ons	Division P. O. Bo		Corporations
Curron Danding		r. Q. bt	JA UJ.	<i>41</i>

Tallahassee, FL 32314

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 filing of the Articles of Conversion is: RIDEES INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (POG-\OK) (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of [Enter state, or if a non-U.S. entity, the name of the country]
08/18/2006 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: RIDEES LLC
(Enter Name of Florida 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.
SECRETATION 22 PARASS

Signed this 18	day of NOVEMBER	20 <u>19</u>	<u>.</u>	
Signature of Autho	rized Representative of L			
Signature of Authori Printed Name: PEDRO	ized Representative:	1-1-1	MBR	
Signature(s) on beha	alf of Other Business Entit	<u>y:</u> [See below	for required signature(s	;)]
Signature: Printed Name P	dro Refes.	Title:	President	
Signature:Printed Name:		Title:		
			-	
Signature:				
Signature:				
Signature:				
If Florida Corporati Signature of Chairma		or Officer.		
If Florida General P Signature of one Gen	<mark>'artnership or Limited Lia</mark> eral Partner.	bility Partner	ship:	
If Florida Limited P Signatures of ALL G	artnership or Limited Lia eneral Partners.	bility Limited	Partnership:	
All others: Signature of an autho	rized person.			
Fees:				
Articles of Co	onversion:	\$25.00		

\$125.00

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

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	ia	
The hame of the Elimited Claothry Compan	y is.	
RIDEES LLC		
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
8013 ATLANTIC PUFFIN ST	8013 ATLANTIC PUFFIN	ST
WINTER GARDEN, FL 34787	WINTER GARDEN, FL 34	1787
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the server and the Florida street address of the server address.	Registered Agent. You must designate a	gent's Signature: n individual or another
	me registered agent are.	
PEDRO O REYES		
IN.	lame	
8013 ATLANTIC PUFFIN S		
Florida street address (P.O. Box NOT acceptable)	
WINTER GARDEN	FL 34787	
City	Zip	
/	ed in this certificate, I hereby a apacity. I further agree to comp ete performance of my duties, a	ccept the appointment as ply with the provisions of all and I am familiar with and

' ARTICLE IV-

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 AMBR	PEDRO O REYES
AMBR	
	8013 ATLANTIC PUFFIN ST
	WINTER GAREN, FL 34787
MGR	JOSE T GARDEN
	5773 TAMARACK DR
	ORLANDO FL 32819
	
	
(Use attachment if necessary)	
(one anaemient it necessary)	
	20 2 -
CLE V: Other provisions, if any.	SECRETAR TARE
	罗沙 况 🕻
	SS A
	四岁 5
REQUIRED SIGNATURE:	ित्र 🗗
X / 1 = - 10 /	
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes, I am aware that iment to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	amon to the Department of State constitutes a fifth degree felony

PEDRO O REYES

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)