

(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:	\neg
	:

Office Use Only

K. PAGE

DEC 2 3 2019



500337847735

12/13/19--01021--002 **150.00

SECRETARY OF STATE

COVER LETTER

1.5

Division of C				
SUBJECT: URBAN	I INVESTMENT CAPI	TAL L.L.C.		
		sulting Florida Limit	ed Con	npany)
				ed fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
RICKEY MALTBIA.	SR.			
	(Contact Person)		•	
URBAN INVESTME	NT CAPITAL			
	(Firm/Company)		•	
781 CROOKED OA	K DR.			
	(Address)		•	
PENSACOLA, FL 33	2514			
(City, State and Zip Code)	_	•	
RICH_US7@YAHO	O.COM			
E-mail Address: (to b	pe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
RICKEY MALTBIA,	SR.	_at (850	53	0-7624
(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amou a bank located in the		rocess	sed by this office must be payable in US
	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	Fees y	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C	ection		New I	t Address: Filing Section
DIAMEDIU OF C	orporations		ODVISI	ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

I Mr. Rickey Maltbiass I am the same owner of the Profit Corp + LLC. With name Urban Investment Capital.

Miky Math Sr

PILED
2019 DEC 13 PM 2: 02
EGRETARY OF STATE

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

"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: URBAN INVESTMENT CAPITAL L.L.C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of ILLINOIS (Enter state, or if a non-U.S. entity, the name of the country)
On JUNE 13, 2007 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
URBAN INVESTMENT CAPITAL L.L.C.
(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.
SECRET TALLA

Signed this 12th	day of DECEMBER	20_ 19
Signature of Authoriz	ed Representative of)L	imited Liability Company:
Signature of Authorized Printed Name: RICKEY M	ed Representative of L. I Representative:	Manager MANAGER
Signature(s) on behalf	of Other Business Entity	v: See below for required signature(s)
Signature: 1) Len Printed Name: RICKEY M	ALTBIA, SR.	Title: MANAGER
		Title:
Signature: Printed Name:	-	Title:
Signature:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporation Signature of Chairman. If Directors or Officers h	i Vice Chairman, Director, nave not been selected, an	or Officer. Incorporator must sign.
If Florida General Part Signature of one Genera	<mark>tnership or Limited Lia</mark> l l Partner.	bility Partnership:
If Florida Limited Part Signatures of <u>ALL</u> Gene	nership or Limited Liab	pility Limited Partnership:
All others: Signature of an authorize	ed person.	
Fees:		

\$25.00

\$125.00

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

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 2019 DEC 13 PH 2: 03 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

URBAN INVESTMENT CAPITAL L.L	C	
		lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the	principal office of the Limited Liability Company
Principal Office Address:		Mailing Address:
		704 0000KED 0AK DD
781 CROOKED OAK DR.		781 CROOKED OAK DR
PENSACOLA, FL 32514 ARTICLE III - Registered A	erve as its own Reg	PENSACOLA, FL 32514 ed Office. & Registered Agent's Signature: istered Agent. You must designate an individual or another
ARTICLE III - Registered As (The Limited Liability Company cannot s business entity with an active Florida reg	erve as its own Reg gistration.) t address of the	PENSACOLA, FL 32514 ed Office. & Registered Agent's Signature: istered Agent. You must designate an individual or another
ARTICLE III - Registered Ago (The Limited Liability Company cannot subusiness entity with an active Florida region of the company cannot subusiness entity with an active Florida region of the company cannot subusiness entity with an active Florida region.	erve as its own Reg gistration.) t address of the TBIA, SR.	PENSACOLA, FL 32514 ed Office. & Registered Agent's Signature: istered Agent. You must designate an individual or another registered agent are:
ARTICLE III - Registered As (The Limited Liability Company cannot subusiness entity with an active Florida stree) The name and the Florida stree RICKEY MAL	erve as its own Reg gistration.) t address of the TBIA, SR. Nan	PENSACOLA, FL 32514 ed Office. & Registered Agent's Signature: istered Agent. You must designate an individual or another registered agent are:
ARTICLE III - Registered Arthe Limited Liability Company cannot substitute and the Florida stree RICKEY MAL	erve as its own Reg gistration.) t address of the TBIA, SR. Nan	PENSACOLA, FL 32514 ed Office. & Registered Agent's Signature: istered Agent. You must designate an individual or another registered agent are:
ARTICLE III - Registered As The Limited Liability Company cannot subusiness entity with an active Florida stree RICKEY MAL	erve as its own Reg gistration.) t address of the TBIA, SR. Nan ED OAK DR. reet address (P.)	PENSACOLA, FL 32514 ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another registered agent are:

egistered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager MGR	RICKEY MALTBIA, SR.
	781 CROOKED OAK DR.
	PENSACOLA, FL 32514
	
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree fellows.
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. RICKEY MALTBIA, SR.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree fellowing the control of the Department of State constitutes as the degree fellowing the control of the Department of State constitutes as the degree fellowing the control of the Department of State constitutes as the degree fellowing the control of the Department of State constitutes as the degree fellowing the degree fellowi
Signature of a member or: This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. RICKEY MALTBIA, SR.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree fellower.