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

Office Use Only



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TO DECT STATES OF STATES AND SECULORS OF STATES OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: SOUTHWEST FLORI	DA REGRO	UP, LLC
(Name of Res	ulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Li	les of Organization ability Company	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
BJ Cottrell		
(Contact Person)		
Cottrell Tax & Accounting, LLC		
(Firm/Company)		
5147 Castello Drive		
(Address)		
Naples, FL 34103		
(City, State and Zip Code)		
admin@cottrelltax.com		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	tter, please call:	
BJ Cottrell	_{at (} 239)449-4881 (Daytime Telephone Number)
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		rocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$150.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	
Mailing Address:		Street Address:
New Filing Section Division of Corporations		New Filing Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnershi	P15 0000 65962
First organized, formed or incorporated under the laws of Flo	orida
(Enter st	ate, or if a non-U.S. entity, the name of the country)
on 08/04/2015	
(date of organization, formation or incorporation)	
	Control of the second section of Open view tions
3. The name of the Florida Limited Liability Company as set f	
SOUTHWEST FLORIDA REGROUP,	, INC
(Enter Name of Florida Limited Liability Con	npany)
4. If not effective on the date of filing, enter the effective date:	08/04/2015
(The effective date: Cannot be prior to date of receipt or fil	led date nor more than 90 calendar days after
the date this document is filed by the Florida Department of Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	of State.)
5. The plan of conversion has been approved in accordance wit	th all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay at	ny members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed thi	s 26 day of November	20 20
	of Authorized Representative of	
Signature Printed Na	of Authorized Representative:	Title: President
<u>Signature</u>	(s) on behalf of Other Business E	ntity: [See below for required signature(s)]
Signature: Printed Na	ume: Scor A Riddle	Title: President
Signature:	Ab Q	
	-	Title: VP
Signature: Printed Na	ime:	Title:
Signature: Printed Na	nnie:	Title:
Signature: Printed Na	ume:	Title:
Signature: Printed Na	ıme:	Title:
Signature If Director If Florida	Corporation: of Chairman, Vice Chairman, Directs or Officers have not been selected. General Partnership or Limited	d, an Incorporator must sign.
<u>If Florida</u>	of one General Partner. Limited Partnership or Limited of <u>ALL</u> General Partners.	Liability Limited Partnership:
All others Signature	s: of an authorized person.	
Fees:		
Fe Ce	rticles of Conversion: ses for Florida Articles of Organiz crtified Copy: crtificate of Status:	\$25.00 (ation: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	lame: Limited Liability Company	is:	
	RIDA REGROUP, LLC Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A		e principal office of the Limited Liab	oility Company is:
Principal Office	e Address:	Mailing Address:	
4421 TAMARIND WA	AY	4421 TAMARIND WAY	
NAPLES, FL 34119		NAPLES, FL 34119	
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) The Florida street address of the Cottrell Tax & Accounting, LLC	ered Office. & Registered Agent's a egistered Agent. You must designate an individual the registered agent are:	ial or another
	Name		
	5147 Castello Drive		프 - 크 - 1 뒤 된 - 1 위
	Florida street address (P.O. Box NOT acceptable)		
	Naples	FL_34103	<u>ن :</u>
	City	Zip	
liability con registered age statutes relat	impany at the place designate int and agree to act in this cating to the proper and comple obligations of my position as	nd to accept service of process for the d in this certificate. I hereby accept to pacity. I further agree to comply with etc performance of my duties, and I as registered agent as provided for in Company of the Signature (REQUIRED)	he appointment as It the provisions of all m familiar with and

(CONTINUED)

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	RIDDLE, SCOTT A
	4421 TAMARIND WAY
	NAPLES, FL 34119
AMBR	GREENWOOD, ALEXANDER
Alvion	22643 FOUNTAIN LAKES BLVD
	ESTERO, FL 33928
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
	
REQUIRED SIGNATURE:	
1	
Signature of a member of	r an authorized representative of a member
This document is executed in accordance	ce with section 605.0203 (1) (b). Florida Statutes, I am aware that cument to the Department of State constitutes a third degree felor
any taise information submitted in a doc as provided for in s.817.155, F.S.	minent to the Department of State constitutes a time degree teroi
•	
Scott A Riddle	
i i i i i i i i i i i i i i i i i i i	'used or printed name of signer

Typed or printed name of signed

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)