L20000044600

(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:

Office Use Only



600339004026

20年時10年年0

FILED AHII: S

-3.11mbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 030-558-1300

Phone: 030-558-1300
ACCOUNT NO. : I2000000195
REFERENCE : 117583 7168737
AUTHORIZATION Conclude man
COST LIMIT (\$150.00
ORDER DATE : December 30, 2019
ORDER TIME : 2:09 PM
ORDER NO. : 117583-030
CUSTOMER NO: 7168737
CONVERSION FILING NAME: RREAL ESTATE LLC
EFFECTIVE DATE:
XX ARTICLES OF CONVERSION AND ARTICLES OF ORGANIZATION RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson EXT#

EXAMINER'S INITIALS:

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: RREAL ESTATE LLC
(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
(Enter state, or if a non-U.S. entity, the name of the country)
on 03-22-2012 .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RREAL ESTATE 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.

	day of _January	
Signature of Auth	orized Representative o	f Limited Liability Company:
Signature of Author	orized Representative:	Robert E Rosenbaum
Printed Name: ROB	ERT E. ROSENBAUM	Title: MEMBER
Signature(s) on be	half of Other Business Er	ntity: See below for required signature(s)
Signature: Robe	rt E Rosenbaum	
Printed Name: ROB	BERT E. ROSENBAUM	Title: MEMBER
Signature:		
Printed Name:		Title:
Signature: Printed Name:		Title:
i inica name	·	Title.
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature: Printed Name:		Title:
If Florida Corpora		000
-	nan, Vice Chairman, Directers have not been selected	tor, or Officer. I, an Incorporator must sign.
	on marchaet and been beleted	, an meorpotatot mast sign.
	Partnership or Limited l	Liability Partnership:
Signature of one Ge	eneral Partner.	
If Florida Limited	Partnership or Limited I	Liability Limited Partnership:
Signatures of <u>ALL</u>	General Partners.	
All others:		
Signature of an auth	orized person.	
Fees:		
Articles of (Conversion:	\$25.00
	orida Articles of Organiza	
Certified Co	ору:	\$30.00 (Optional)
Certificate of	of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RREAL ESTATE LLC	
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the Principal Office Address:	he principal office of the Limited Liability Company is: Mailing Address:
15200 Omega Drive #120	428 CHILDERS ST. PMB#24646
	PENSACOLA, FL 32534
Rockville, Maryland 20850	T ENGAGGEA, TE 32304

CORPORATION SERVICE COMPANY	

Name	2
1201 HAYS STREET	
Florida street address (P.O	. Box <u>NOT</u> acceptable)
TALLAHASSEE	FL 32301
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered 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..

Kadesha Roberson Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

•		 ~~	-	
	LJ	 	L	IV-
	п	 	. г.	V -

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	ROBERT E. ROSENBAUM
	428 CHILDERS ST. PMB#24646
	PENSACOLA, FL 32534
	
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
•	
(Use attachment if necessary) LE V: Other provisions, if any.	
•	
•	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	ert E Rosenbaum
LE V: Other provisions, if any. REQUIRED SIGNATURE:	ert E Rosenbaum
LE V: Other provisions, if any. REQUIRED SIGNATURE: Robe	
REQUIRED SIGNATURE: Robe 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
REQUIRED SIGNATURE: Robe 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.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Robe 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.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)