

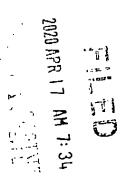
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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03/30/20--01025--008 \*\*150.00



### **COVER LETTER**

TO: New Filing Se Division of Co			
Á	132580	110	
SUBJECT:/	(Name of Res	L L Culting Florida Limited Cor	mpany)
The angloced Articles	of Conversion Artic	les of Organization, ar	nd fees are submitted to convert an "Other
			ccordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
DAN YENNE	.R		
	(Contact Person)		
	(Firm/Company)		
465 Paradise	Isle Blva (Address)	#308	
	FL 3300 City, State and Zip Code)	7	
``	City, State and Zip Code)	m	
E-mail Address: (to be	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Dan Yenvier (Name of Conta	et Person)	at ( <u>919</u> ) <u>5</u> (Area Code) (Day	<u>39 - 1858</u> ytime Telephone Number)
	or the following amou a bank located in the	·	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr			t Address:
New Filing Se			Filing Section
Division of Co P.O. Box 632	•		ion of Corporations Centre of Tallahassee
2 · <b>v · -</b>			

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314



April 3, 2020

EAN YENNER 465 PARADISE ISLE BLVD #308 HALLANDALE, FL 33009

SUBJECT: N325RP LLC Ref. Number: W20000034762

We have received your document for N325RP LLC and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 720A00007244

www.sunbiz.org

## **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:
N325RP Covp (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Cor port tou</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of FL (Enter state, or if a non-U.S. entity, the name of the country)
on May 07, 2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
N325RP 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.
2020 APR 17

Signed this 26 day of March	20_ <b>2</b> O
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Whe Printed Name: DANIEL YENNER	nner_ Title: <u>President</u>
Signature(s) on behalf of Other Business Entity: [	-
Signature: N Ih mule Printed Name: DANIEL YENNER	Title: President
Signature:Printed Name:	
Printed Name:	_ Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	······································
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	corporator must sign.
Signature of one General Partner.	ty raitueisnip.
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty 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

 $\mathcal{L}_{i} = \{\mathcal{L}_{i}, \mathcal{L}_{i}, \mathcal{L}_{i}, \mathcal{L}_{i}, \mathcal{L}_{i}\}$ 

ARTICLE I - Name:

The name of the Limited Liability Company is:

N325RP LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
465 Paradise Isle Blud #308 Hallandale, FL 33009	465 Paradise Isle Blud #308 HAllAndAle, FL 33009
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Danie Venner Name	
465 Paradise Isle Florida street address (P.O.	Box NOT acceptable)
Hallandule City	FL 33009
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = ManagerMGR	Dunie   Yenner 465 Paradise Isle Blud #308 Hallandak, FL 33009
<del></del>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	
Signature of a member or This document is executed in accordance any false information submitted in a docu- 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 that ment to the Department of State constitutes a third degree felon
DANIEL YENNER	
Ту	ped 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)