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

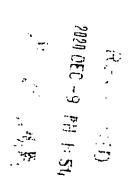




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2020 DEC -9 &H II: 10

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

REDWOOD I C	OMPANY, LLC	
		
		Am of her City
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Сеп. Сору
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
o-g-mature		Vehicle Search
		Driving Record
Requested by:		UCC For 3 File
		UCC 11 Search
Name	Date Time	UCC Retrieval
Walk-In	_	

COVER LETTER

TO:	New Filing S Division of C				
SUBJ		OOD I COMPANY, L.L.C			
			sulting Florida Lir	nited Cor	npany)
The e Busin	nclosed Article ess Entity" into	s of Conversion, Artic a "Florida Limited L	les of Organiza iability Compa	ntion, ar ny" in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to	:	
RALP	H J SESSO				
		(Contact Person)		_	
REDV	VOOD I COMPA	NY, L.L.C.			
		(Firm/Company)		-	
561 9	4TH AVE N				
		(Address)		_	
NAPL	E FL 34108				
	((City, State and Zip Code)	<u> </u>		
office(@alexafinancials	ervices.com			
E-n	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	rther informati	on concerning this ma	tter, please call	:	
ALEX.	ADRINA BIKALY	'UK	_at (at	_\ 213-	5007
	(Name of Conta	ect Person)	(Area Cod	c) (Day	rtime Telephone Number)
Enclos dollar	sed is a check f s and drawn on	or the following amou a bank located in the	int: (All checks		sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	□S155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	ng Fees Opy	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: REDWOOD COMPANY, L.L.C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
DECEMBER 19,1997 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: REDWOOD I COMPANY, 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.

Signed this 7 day of DECEMBER	20
Signature of Authorized Representative of Lin	mited Liability Company
Signature of Authorized Representative: Printed Name: RALPH J SESSO	1.11.
Printed Name: RALPH J SESSO	Title: MEMBER
Signature(s) on behalf of Other Business Entity:	
Printed Name: RALPH J SESSO	Title: MEMBER
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	That
	Otte:
Signature:	
Printed Name:	Title:
iignature:	
Printed Name:	Title:
f Florida Corporation;	
ignature of Chairman, Vice Chairman, Director, or	Officer
Directors or Officers have not been selected, an Ir	corporator must sign.
Florida General Partnership or Limited Liabil	
ignature of one General Partner.	Ity Partnership:
Florido Limitado	
Florida Limited Partnership or Limited Liabili gnatures of <u>ALL</u> General Partners.	ty Limited Partnership:
Il others: gnature of an authorized person.	
gamente of an audiorized person.	
ces :	
	do a do
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	tis:			
REDWOOD I COMPANY, L.L.C.				
(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	<u></u>	_	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited	d Liability (Compan	y is:
Principal Office Address:	Mailing Address:			
561 94TH AVE N	561 94TH AVE N			
NAPLE FL 34108	NAPLE FL 34108		-	
ARTICLE III - Registered Agent, Registe The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an in	ent's Signat ndividual or and	other	
RALPH J SESSO		 }- <u>-</u>	2020 DEC	
	aine	-	6 - J	
561 94TH AVE N				b ĝ
Florida street address (I	P.O. Box NOT acceptable)			المسالة
NAPLE	FL ³⁴¹⁰⁸	:	V3 11: 10	
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Fitle:	• • • • • • • • • • • • • • • • • • • •
<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
AMBR	DAI DIL LOCOCO
AMDI (RALPH J SESSO
	561 94TH AVE N
	NAPLE FL 34108
Honoreal	
USC anachment it necessary)	
Use attachment if necessary)	
Ose attachment if necessary)	
LE V: Other provisions, if any.	
EV : Other provisions, if any.	
EV : Other provisions, if any.	
EV : Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	: With section 605 0703 (1) (b). Florida Statutos, Lamaures
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is a document in a docum	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree f
Signature of a member or This document is executed in accordance any false information submitted in a document 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 ment to the Department of State constitutes a third degree for RALPH J SESSO ped or printed name of signee

ARTICLE IV-