L20000380393

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
		
Special Instructions to	Filing Officer:	ļ
		Į.

Office Use Only



300350380223

00/08/20--01026--020 **706.00

20 NOV 23 PM 6: 31

D O'KEEFE DEC 12 2020





October 2, 2020

JOSEPH MESSER MESSER STRICKLER, LTD. 225 W. WASHINGTON STREET, STE. 575 CHICAGO, IL 60606

SUBJECT: RENT ACCEPT, LLC Ref. Number: W20000113162

We have received your document for RENT ACCEPT, LLC and your check(s) totaling \$705.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section "Signature(s) on behalf of Other Business Entity: "in the Articles of Conversion. A signature is missing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 920A00019025

20 NOV 23 PH 6: 31

COVER LETTER

TO:	New Filing S Division of C				
SUBJ	ECT: Rent Ac	cept, LLC			
		(Name of Res	sulting Florida Limi	ted Con	npany)
					d fees are submitted to convert an "Othe ccordance with s. 605.1045, F.S.
Please	return all corr	respondence concernin	g this matter to:		
Josep	h Messer				
		(Contact Person)		•	
Messe	er Strickler, Ltd.				
		(Firm/Company)		=	
225 W	' Washington St	reet, Suite 575			
		(Address)		-	
Chicaç	go, Illinois 6060	6			
	(City, State and Zip Code)		-	
jmesse	er@messerstric	kler.com		_	
E-m	nail Address: (to b	be used for future annual re	port notifications)		
For fu	rther informati	ion concerning this ma	tter, please call:		
Josepi	h Messer		_ at (³¹²	334-3	3440
	(Name of Cont	act Person)			time Telephone Number)
		for the following amount a bank located in the	-	rocess	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 27		New I Divisi The C	Filing Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	ent Accept, LLC (Enter Name of Other Business Entity)
2	The "Other Business Entity" is a
4.	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of [Illinois (Enter state, or if a non-U.S. entity, the name of the country)
on	March 6, 2018
OI.	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
R	ent Accept, LLC
	(Enter Name of Florida Limited Liability Company)
1	If not effective on the date of filing enter the effective date:
(T th No	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 e date this document is filed by the Florida Department of State.) Stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.
(T th No do	The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed th	nis 20th	_day of <u>October</u>	20 <u></u>	
Signatur	e of Authori	zed Representative of Li	mited Liability Company:	
		ed Representative:	Title: Manager	
Signatur	e(s) on behal	f of Other Business Entity	: See below for required signature	e(s)]
Signature	_	wy ht		
Printed N	ame: Timothy	Fortner, Trustee	Title: Manager	-
		· · · · · · · · · · · · · · · · · · ·	•	
Printed N	ame:		Title:	
Signature	o:			
Printed N	ame:		Title:	
Signature	:		•	
Printed N	ame:		Title:	
Signature	:			
Printed N	ame:		Title:	
Signature	:		T'.4	
FIIIICU N	ame:		Title:	
Signature	of Chairman,	Vice Chairman, Director, o	or Officer.	
If Directo	rs or Officers	have not been selected, an	Incorporator must sign.	
If Florida Signature	of one Gener	rtuership or Limited Liab al Partner.	ility Partnership:	
If Florida Signature	a Limited Par s of <u>ALL</u> Ger	rtnership or Limited Liab neral Partners.	ility Limited Partnership:	
All others Signature	s: of an authori:	zed person.		
Fees:				
F€ Ce	rticles of Cor ces for Florid crtified Copy crtificate of S	a Articles of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

20 NOV 23 PH 6: 31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rent Accept, LL		Liability Company, "L.L.C.," or "LLC.")	
	(Must contain the words Lumited	Liaming Company, E.L.C., or LEC.	
ARTICLE II			
The mailing ad	dress and street address of	the principal office of the Limited l	Liability Company is:
Principal Offi	ce Address:	Mailing Address:	
2900 Monarch L	_akes Blvd.	2900 Monarch Lakes Blvd.	
Suite 201		Suite 201	
Miramar, Florida	a 33027	Miramar, Florida 33027	
The name and	the Florida street address o Messer Strickler, Ltd.		20 ROV 23
	Name		
	12276 San Jose Blvd., Suite 718		6: 3
	Florida street address (P.O. Box NOT acceptable)		종의 의
	Jackson	FL 32223	,37 *
	City	Zip	
		and to accept service of process for	the above stated limited

(CONTINUED)

egistered Agent's Signature (REQUIRED)

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

Name and Address:
Timothy J. Fortner, as Trustee
2900 Monarch Lakes Blvd., Suite 201
Miramar, Florida 33027
Ţ.,.

क्रिकेट
in a
• • • • • • • • • • • • • • • • • • •
(1)
Si.

Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Timothy J. Fortner, as Trustee under the Living Trust u/a/d 12/22/16

Typed 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)