L21000017508

(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:

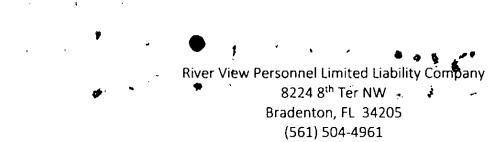
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2020 HUY - 9 PH 4: 25



December 7, 2020

Florida Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company

N/O: River View Personnel Limited Liability Company

Owner: Greg Wickner Formed: 12/7/2012 in NJ

To whom this may concern:

Please convert my above referenced NJ limited liability company into a Florida Limited Liability Company.

I can be reached at (561) 504-4961.

Sincerely,

Greg Wickner

2828 NOV -9 PH 4: 25

COVER LETTER

Division of C							
SUBJECT: River Po	ersonnel Limited Liability	Company					
30bare1	(Name of Re	sulting Florida L	imited Cor	mpany)			
				nd fees are submitted to conceordance with s. 605.104			
Please return all cor	respondence concernin	g this matter t	o:				
Greg Wickner							
	(Contact Person)						
River View Personnel	Limited Liability Compar	ny					
	(Firm/Company)						
8224 8th Ter NW							
	(Address)		 -				
Bradenton, FL, 34205							
	City, State and Zip Code)						
gw@rvpnj.com	ony, state and zap code,						
	oe used for future annual re	port notifications					
·	ion concerning this ma	-					
Greg Wickner		at (⁵⁶¹)504-	4981			
(Name of Cont	act Person)		de) (Day	ytime Telephone Number)			
	for the following amou a bank located in the	•	•	sed by this office must be p	oayable	e in US	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Fill and Certified C		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status		20	
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303	0 F. C.	2020 NOY -9 PH 4: 25	2

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 Artic River View Personnel Limited Liability Company	les of Cor	iversio:	n is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, comm	non law or bu	usiness t	rust. etc.)
First organized, formed or incorporated under the laws of NJ (Enter state, or if a non-U.S. entity, the			
on 12/2012 12/17/2012 (date of organization, formation or incorporation)	e name of th	e countr	·y)
3. The name of the Florida Limited Liability Company as set forth in the attached Art River View Personnel Limited Liability Company	ticles of O	rganiz	ation:
(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 calends	ır davs	s 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 dadocument's effective date on the Department of State's records.		•	
5. The plan of conversion has been approved in accordance with all applicable statutes.			
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	sal rights t	2020 NOY -9	unt to
	įuį,	PM 4	•

Signed this 3rd day of Novem	nber 20
Signature of Authorized Represen	tative of Limited Liability Company:
Signature of Authorized Representat	ive:
Printed Name: Greg Wickner	Title: Owner
	iness Entity: [See below for required signature(s)]
Signature:	Title: Owner
Printed Name: Greg Wickner	Title: Owner
Signature:	
Printed Name:	Title:
Signature	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cionatura	
Signature:Printed Name:	Title:
Timod Parite.	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman	Director or Officer
If Directors or Officers have not been	
	, I
If Florida General Partnership or Li Signature of one General Partner.	mited Liability Partnership:
organicate of one General Partitles.	
If Florida Limited Partnership or Li Signatures of <u>ALL</u> General Partners.	mited Liability Limited Partnership:
All others:	
Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	Name:		
The name of the	he Limited Liability Compan	y is:	
Pivor View Per	popul limited Liebilis Communication		
River view Pers	sonnel Limited Liability Compan (Must contain the words "Limited Li	y ability Company, "L.L.C.," or "LLC.")	
	,	dentity company. Cancil, by tele.	
ARTICLE II			
The mailing ac	idress and street address of th	e principal office of the Limited L	iability Company is:
Principal Offi	ce Address:	Mailing Address:	
8224 8th Ter N\	W, Bradenton, FL, 34205	8224 8th Ter NW, Bradenton, F	L, 34205
(The Limited Liabil business entity wit	- Registered Agent, Registerity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the Greg Wickner	ered Office, & Registered Agent's registered Agent. You must designate an individue the registered agent are:	s Signature: idual or another
		ame	
	8224 8th Ter NW		
	Florida street address (I	P.O. Box NOT acceptable)	
	Bradenton	FL 34205	
	City	Zip	
liability co registered ago statutes rela	ompany at the place designated ent and agree to act in this cap eting to the proper and comple e obligations of my position as	d to accept service of process for the d in this certificate. I hereby accept to bacity. I further agree to comply with the performance of my duties, and I do registered agent as provided for in ignature (REQUIRED)	the appointment as th the provisions of all um familiar with and

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Greg Wickner
	8224 8th Ter NW
	Bradenton, FL 34205
	
	
	
 	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Mh	on outhorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b). Florida Statutes. I am award 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 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 award ment to the Department of State constitutes a third degree for the constitutes as t
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. Greg Wickner	with section 605.0203 (1) (b). Florida Statutes. I am award ment to the Department of State constitutes a third degree f

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

- ARTICLE IV-