

L21000115858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

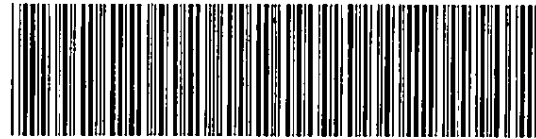
Special Instructions to Filing Officer:

Office Use Only

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MAR 22 2021

T. SCOTT



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10/13/20--01034--017 **150.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 MAR -4 AM 8:41

FILED

5975 Sunset Dr., Ste. 801
South Miami, FL 33143



T: 786-766-ZACH (9224)
F: 786-504-9722
zach@mcwilliamslegal.com

February 18, 2021

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


Re: REPRIEVE SERVICES, LLC- conversion from Nevada to Florida

To Whom it May Concern,

Please allow this letter serve as a response to your office's correspondence dated January 6, 2021, wherein you requested a signature of an authorized person for the "Other Business Entity" for the Nevada LLC ("Reprieve Legal Services, LLC").

Per your request, please find enclosed the signature of an authorized person for the "Other Business Entity" in the Articles of Conversion, as well as a copy of your office's correspondence dated January 6, 2021. The \$150.00 filing fee was paid already.

Please let me know if you have any questions or need anything.

Sincerely,

Zachary S. McWilliams, Esq.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2021

ZACHARY S. MCWILL AMS, ESQ.
5975 SUNSET DR., SUITE 801
SOUTH MIAMI, FL 33143

SUBJECT: REPRIEVE SERVICES LLC
Ref. Number: W20000124845

We have received your document for REPRIEVE SERVICES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 921A00000191

RECEIVED
2021 MAR -4 PM 2:48
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: REPRIEVE SERVICES LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

ZACHARY S. MCWILL AMS, ESQ.

(Contact Person)

ZACHARY S. MCWILLIAMS, P.A.

(Firm/Company)

5975 SUNSET DR., SUITE 801

(Address)

SOUTH MIAMI, FL 33143

(City, State and Zip Code)

ZACH@MCWILLIAMSLEGAL.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

ZACHARY S. MCWILLIAMS

at (305) 632-3085

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees.
Certified Copy, and
Certificate of Status

Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
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 **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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
REPRIEVE LEGAL SERVICES 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 NEVADA

(Enter state, or if a non-U.S. entity, the name of the country)

on OCTOBER 5, 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**:

REPRIEVE SERVICES LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: DATE OF FILING

(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.

2021 MAR -4 AM 8:42
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Signed this 4TH day of OCTOBER 20 20

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Mia Ji
Printed Name: MIA JI Title: MANAGING MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

→ Signature: Mia Ji
Printed Name: Mia Ji Title: Managing Member

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REPRIEVE SERVICES LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3109 GRAND AVENUE, #120
MIAMI, FL 33133

Mailing Address:

3109 GRAND AVENUE, #120
MIAMI, FL 33133

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MIA JI

Name

3109 GRAND AVENUE, #120

Florida street address (P.O. Box **NOT** acceptable)

MIAMI


FL

33133

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)

FILED
2021 MAR -4 AM 9:42
CLERK OF COURT
FALL AHA33FL, FL 08100

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MIA JI

3109 GRAND AVENUE, #120


MIAMI, FL 33133

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

The purpose for which this company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the laws of the state of Florida.

REQUIRED SIGNATURE:

_____ 

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.

MIA JI

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)