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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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Special Instructions to Filing Officer:	
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TALLAHASSEE TLORIDA

Office Use Only

T. BURCH MAY 7 2021

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: RECOR INC.		
(Name of R	esulting Florida Limited	Company)
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	icles of Organization Liability Company"	n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ing this matter to:	
Tiwanna Carter		
(Contact Person)		
RECOR INC.		
(Firm/Company)		
PO BOX 680234		
(Address)		
ORLANDO, FL 32868		
(City, State and Zip Code)	
teeshon@comcast.net		
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this m	natter, please call:	
Tiwanna Carter	at (407)	765-9425
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		ncessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fo and Certified Copy	Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D T	treet Address: ew Filing Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

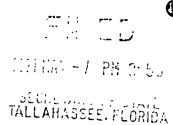
Articles of Conversion

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: RECOR INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation P20000 68017—
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
August 26, 2020 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: RECOR 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.

Signature: Printed Name: Printed Name: 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 Partners. 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: Fees: Articles of Conversion: Fees: Signature of Signature o	I			
Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Signature of Authorized Representative: Title: President Signature: Frinted Name: Inwanna Carter Title: President Signature: Printed Name: Invariant Interpretation: Signature: Frinted Name: Signature: Frinted Name: Signature: Frinted Name: Title: Signature of Cluairman, Vice Chairman, Director, or Officer. If Plorida Corporation: Signature of Cluairman, Vice Chairman, Director, or Officer. If Florida General Partnership or Limited Liability Partnership: Signatures of ALL General Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partnership or Limited Liability Limited Partnership: Signature of an authorized person. Fees: Articles of Conversion: Fees for Florida Articles of Organization: S25.00 Certified Copy: S30.00 (Optional)	•			
Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative of Limited Liability Company: Title: President Title: President Title: President Signature: Printed Name: NA Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: If Florida Corporation: Signature of Observation: Signature of One General Partnership or Limited Liability Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Sees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)	* , ,			
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Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Frinted Name: Tiwanna Carter Title: Presided Title: Presided Title: Presided Frinted Name: NA Title: Presided Frinted Name: NA Title: Presided Frinted Name: Title: Signature: Frinted Name: Title: Signature: Printed Name: Title: Ittle:	Signed this 24 day o	f <u>March</u>	20_21	
Signature of Authorized Representative: Title: President Title: President				
Signature: Printed Name: NA Calculate Title: Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partnership or Limited Liability Partnership: Signature of One General Partnership or Limited Liability Limited Partnership: Signature of All, General Partnership or Limited Liability Limited Partnership: Signature of an authorized person. Fees for Florida Articles of Organization: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)		1 (2)	1	
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Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Printed Name: NA	Printed Name: Tiwanna Carter		Title: President	_
Signature: Printed/Name: NA Parish Parish Title: Printed Name: 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 Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of All. General Partners. All others: Signature of an authorized person. Fees for Florida Articles of Organization: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)		()	•	
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Certified Copy: \$30.00 (Optional)	1			
		les of Organization:		
	Certificate of Status:	1	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company, "L.L.C.," or "LLC.")
ncipal office of the Limited Liability Company is:
Mailing Address:
Same
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
gistered agent are:
RD#680234
Box NOT acceptable)
), F <u>I</u> , 32818
Zip
accept service of process for the above stated limited this certificate. I hereby accept the appointment as y. 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)

N/A N/A TALLAMASS FORM ORIGINAL TALLAMASS FORM ORIGINAL TALLAMASS ORIGINAL TALL	"AMBR" = Authorized Member "MGR" = Manager	
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 any false information submitted in a document to the Department of State constitutes a third degree fa as provided for in s.817.155. F.S. Tiwanna Carter Typed or printed name of signce	N/A	N/A
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	 any false information submitted in a doc 	
	any false information submitted in a doc as provided for in s.817.155, F.S. Tiwanna Carter	

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

ARTICLE IV-

Company: