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(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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COVER LETTER

Division of C					
SUBJECT: RIMA HO	spitality LLC				
		sulting Florida Limited (Company)	_	
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited L	cles of Organization, liability Company" in	and fees are submitted to a accordance with s. 605.1	convert an "Othe 1045, F.S.	èr
Please return all corre	espondence concernin	ig this matter to:			
Richard L. Wahl					
	(Contact Person)				
RIMA Management and	d Hospitality				
	(Firm/Company)				
2036 Bispham Road				7 F-3	
	(Address)			. 2	10.040.00
Sarasola, FL 34231				22 FEB	てにて
(0	City, State and Zip Code)			' 1	i
rlw@rimamanagement	andhospitality.com				T
E-mail Address: (to be	s used for future annual re	port notifications)		` <u>_</u> <u>=</u>	
For further information	on concerning this ma	tter, please call:		6 AM 11: 26	
Richard L. Wahl		at (941)710	3-2220		
(Name of Contac	et Person)	(Area Code) (D	3-2220 Paytime Telephone Number)	-	
Enclosed is a check fo dollars and drawn on		nt: (All checks proce	essed by this office must b	e payable in US	
S150.00 Filing Fees \$25 for Conversion \$ \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	国S180.00 Filing Pees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Addr New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction prporations	New Divi The 2415	et Address: / Filing Section / Filing Se	810	

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: RIMA Hospitality 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
May 8, 2019 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:
RIMA Hospitality LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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 <u>QU</u> day of January	20 <u>2/</u>			
Signature of Authorized Representative of Lim	ited Liability Company:			
Signature of Authorized Representative: Queen Printed Name: Richard L. Wahl	2000	_		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	-		
Printed Name: Richard L. Wahl	Title: Authorized Member	-		
Signature: Printed Name: Richard L. Wahl		- -		
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 If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ly Limited Partnership:	<u>)</u>	282	
All others: Signature of an authorized person.			1558-	- '
<u>Fecs:</u>			5 ≱	; [0
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		ANII: 26	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - The name of th	Name: ne Limited Liability Compan	y is:	
RIMA Hospitality			
	(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II -			
The mailing ad	dress and street address of th	e principal office of the Limited	i Liability Company is:
Principal Offic		Mailing Address:	
2036 Bispham R		2036 Bispham Road	
Sarasota, FL 34	231	Sarasota, FL 34231	
			
The name and t	Richard L. Wahl Name 2036 Bispham Road		2921 FEB -5
	Florida street address (l	P.O. Box NOT acceptable)	
	Sarasota	FL 34231	
	City	Zip	14.5 14.5 14.5 14.5 14.5 14.5 14.5 14.5
registered age statutes rela	impany at the place designates ant and agree to act in this cap ting to the proper and comple obligations of my position as	ed to accept service of process for d in this certificate, I hereby according to the comply according to I further agree to comply at the performance of my duties, and registered agent as provided for ignature (REQUIRED)	ept the appointment as with the provisions of all I am familior with and

(CONTINUED)

ARTI	ורו	L7	137
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	Richard L. Wahl 2036 Bispham Road		
	Sarasota, FL 23431		
Special Manager	Richard L. Wahl		
	2036 Bispham Road Sarasota, FL 23431		
General Managing Member	Richard L. Wahl		
	2036 Bispham Road Sarasota, FL 23431		
			
(Use attachment if necessary)		22 21 F	145
ARTICLE V: Other provisions, if any.		EB - 5	
REQUIRED SIGNATURE:		क	

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.

Richard L. Wahl

Typed or printed name of signee

Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)