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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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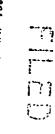
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T. SCOTT



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COVER LETTER

To: New Filing Se Division of Co		**	·
SUBJECT:	RnB Design	ting Florida Limited Com	pany)
The enclosed Articles Business Entity" into	of Conversion, Articl a "Florida Limited Lia	es of Organization, and ability Company" in ac	I fees are submitted to convert an "Other cordance with s. 605,1045, F.S.
Please return all corre	spondence concerning	this matter to:	
Laurer	O Reitte		
RnB D	(Contact Person) PSIQN L (Firm/Company)	.C	
762 E	Brookedge (Address)	. Terroce	
Sebastian	(Address) FL 32 City, State and Zip Code)	158	
L Reitter/	City, State and Zip Code) RnBDes e used for future annual rep	ign, com	
For further information	on concerning this mat	ter, please call:	
Lauren D (Name of Conta	ReiHer ct Person)	at (<u>908</u>) <u>2</u> (Area Code) (Day	17-8631 rtime Telephone Number)
	or the following amou a bank located in the b		sed by this office must be payable in US
S150.00 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
Manna Add		C4	6 A.d.d

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 <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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Partnership - LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of New Jersey (Enter state, or if a non-U.S. entity, the name of the country)
on 6 10 1999 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Rn B Design, LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 6/25/21. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(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.)
<u>Note:</u> 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 12 day of July	20_21
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Jack Printed Name: Lauren O Reither	en O father Tille: Partner
Signature(s) on behalf of Other Business Entity:	
Signature: Javan O Reitter Printed Name: Lauren O Reitter	
Signature: Mark E. Reitter Printed Name: MARIL E REITTER	_Title:TAJETNER2
Signature:Printed Name:	
Signature:Printed Name:	
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	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(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	l Liability Company is:
Principal Office Address: Mailing Address:	
762 Brookedge Terroce 762 Brookedge Sebastian, FL 32958 Schastan, FL	Terrace 32958
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an inbusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Lauren O Rei Her	
762 Brookedge Terroce Florida street address (P.O. Box NOT acceptable)	-
Sebastian FL 3295 8	,
City Zip	
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate, I hereby accorngistered agent and agree to act in this capacity. I further agree to comply statutes relating to the proper and complete performance of my duties, an accept the obligations of my position as registered agent as provided for	rept the appointment as wwith the provisions of a red I am familiar with and
Jan-al Hell	₩ 50
Registered Agent's Signature (REQUIRED) (CONTINUED)	PI JUL 19 PM

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Lauren O Reitter 767 Brookedge Terrowe Schastian, FL 32758
	Sebastian, FL 32958
MGR	Mark E Reitter
	762 Brookedge Terrace Sebastian FL 32958
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
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.

Laver O Reitter
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)