# L21000432004

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer.	

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September 23, 2021

EVAN ARCE 227 COLONY DRIVE CASSELBERRY, FL 32707

SUBJECT: RIEC, LLC

Ref. Number: W21000109343

We have received your document for RIEC, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of articles missing.

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.

Letter Number: 221A00023032

Tyrone Scott Regulatory Specialist II New Filings Section

### COVER LETTER

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# **Articles of Conversion**

For

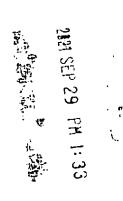
# "Other Business Entity"

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a FORETHY LIMITY 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 WASAINGTON
(Enter state, or if a non-U.S. entity, the name of the country)
on AUGUST 514, 2019.  (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Description:
RIEC, 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: $08/16/2$ s $1$
(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.



Signed this 16 day of AUGUST	20_21
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	Title: PREDIENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	_Title: PRESTOFNT
Signature:Printed Name:	
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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 1 - Nam The name of the Lin		pany is:			
(Musi	RIEC  Contain the words "Limite	LLC,	*LL.C.," or "LLC.")		
ARTICLE II - Add The mailing address	lress:			I Liability Con	npany is:
Principal Office Ad	ldress:	<u>Mailing</u>	Address:		
CASSECBERMY	On. FL 32707		Colony aisinny, FL	ON. 31707	
ARTICLE III - Req (The Limited Liability Con- business entity with an ac	npany cannot serve as its o	gistered Office, & wn Registered Agent. V	Registered Age	nt's Signature ndividual or another	<b>::</b> r
The name and the FI	lorida street address	of the registered	agent are:		
_	EVAN	A LCE Name			
		Name			
_	227	COLOM	On.		
	Florida street addre	ess (P.O. Box <u>NO</u>	$\Gamma$ acceptable)		
_	CASSELBON	NY FL	32707		
	City		Zip		
liability compai registered agent ar statutes relating i	ed as registered ager ny at the place design nd agree to act in thi to the proper and con gations of my positio	nated in this certif s capacity. I furth mplete performand	icate, I hereby acc er agree to comply ce of my duties, an	ept the appoint with the provi d I am familiar	ment as sions of ali with and
					-
	Registered Agen	t's Signature (RE	QUIRED)		ے اور
	(CC	ONTINUED)			ON SEP 29 PH

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	ELFN FRCE 277 COLONT OR (ASSELBANT, PL 32727
1.000	277 Colon1 3N
	(Asserbany, PC 32/87
· · · · · · · · · · · · · · · · · · ·	
Use attachment if necessary)	
·	N- 44-2605420
·	
.E.V: Other provisions, if any.	N- 44-2605420 08/16/
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.\$17.155. F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817 155. F.S.  [- V A M A A C (	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony

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

ARTICLE IV-