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(Re	questor's Name)	<u>.</u> , , <u>-</u> ,
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	





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02/02/22--01006--003 **125.00

12/20/21--01011--008 **25.00

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COVER LETTER

TO: New Filing Sect Division of Corp				
SUBJECT: RETSE DE	SIGNS, LLC			
	(Name of Resi	alting Florida Limite	ed Company)	
			on, and fees are submitted in accordance with s. 605	
Please return all corresp	ondence concerning	this matter to:		
RETSE HOLMES				
	(Contact Person)			
RETSE DESIGNS, LLC				ه ۵۰ م
	(Firm/Company)			021
2268 KING JAMES COU	RT			
	(Address)		•	The second secon
WINTER PARK, FL 3279	2	. see the sec		
(Cit	y, State and Zip Code)		e deservices de la company de la company La company de la company d	그 이 그 !!!
RETSE@RETSEDESIG	(TX)		n e	به کست
E-mail Address: (to be t	sed for future annual re	port notifications)		<u>-</u> 6
For further information	concerning this man	tter, please call:		
RETSE HOLMES		_at (671-1527	
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for dollars and drawn on a			rocessed by this office mu	st be payable in US
(\$25 for Conversion	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		
Mailing Addre	ss:		Street Address:	
New Filing Sec			New Filing Section	
Division of Co			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	

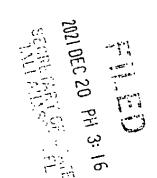
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

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: RETSE DESIGNS, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
10/01/2016 (Effective Care)
on (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RETSE DESIGNS, 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

Signed this 13 day of December	20_21
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: RETSE HOLMES	In Harry
Printed Name: RETSE HOLMES	Title: AUTHORIZED MEMBER
Signature(s) on behalf of Other Business Entity: (See below for required signature(s)]
Signature: Vern bo	
Printed Name: RETSE HOLMES	Title: PRESIDENT
Signature:	
Signature: Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Tista
Timed Name.	Title.
If Florida Corporation:	0.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
	<u>-</u>
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
continuate of Status.	\$5.00 (Optionar)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ARTICLE I - Name: The name of the Limited Liability Company is: RETSE DESIGNS, 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: Mailing Address: 2268 KING JAMES COURT 2268 KING JAMES COURT WINTER PARK, FL 32792 WINTER PARK, FL 32792 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:

RETSE HOLMES
Name

2268 KING JAMES COURT

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

WINTER PARK

EL 32792

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)

ARTICLE IV-

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

'MGR" = Manager			
AMBR	RETSE HOLMES 2268 KING JAMES COURT WINTER PARK, FL 32792		
			
			
(Use attachment if necessary)			
LE V: Other provisions, if any.			
is to the provisions, it any.			
REQUIRED SIGNATURE:			
	_		
Nich Hon	-		

as provided for in s.817.155, F.S.

RETSE HOLMES, AUTHORIZED MEMBER

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)