L23000012388

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILED







FLORIDA DEPARTMENT OF STATE Division of Corporations

January 3, 2023

JASON MICHAEL RIFFENBURG 26992 CAROLINA ASTER DRIVE WESLEY CHAPEL, FL 33544

SUBJECT: RIFF'S TRAVEL SERVICES, LLC

Ref. Number: W2300000107

We have received your document for RIFF'S TRAVEL SERVICES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

I HAVE INCLUDED THE CORRECT FORMS FOR YOUR FILING.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 723A00000046

COVER LETTER

TO: New Filing S Division of C						
SUBJECT: Riff's Tr	avel Service, LLC					
	(Name of Res	sulting Florida Limi	ted Con	ipany)	-	
		-		d fees are submitted to occordance with s. 605.10		her
Please return all cor	respondence concernin	g this matter to:				
Jason Michael Riffent	ourg					
	(Contact Person)		•			
Riff's Travel Service,	LLC					
	(Firm/Company)		-			
26992 Carolina Aster	Drive					•
	(Address)		-		-	
Wesley Chapel, FL 33	3544				22 D SEC!	70
	(City, State and Zip Code)		_		DEC CRUI	FILED
JRiffenburg@Charter	.net				21 IARN ASSI	
E-mail Address: (to	be used for future annual re	port notifications)			er Pr	
For further informat	ion concerning this ma	tter, please call:			1 3: 00 51 A E	O
Jason Riffenburg		at (⁸⁶⁴)216-2	2008	3,77 00	
(Name of Con	lact Person)	`) (Day	time Telephone Number)	•	
	for the following amount a bank located in the	,	process	sed by this office must b	e payable in U	J S
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Co		☐ \$185.00 Filing Fees, Certified Copy, and Certificate of Status	PAID DURING (INCORRECT) 1/3/23. SEE	CINTAL FILING ON
Mailing Add New Filing S Division of G P.O. Box 63 Tallahassee,	Section Corporations 27		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303	NUMBER 72 (ATTAC	3A 00000041

Articles of Conversion

"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 Artic Riff's Travel Service, LLC	des of Conversion is:
(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, comm	
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the	ie name of the country)
03/22/2022	
(date of organization, formation or incorporation)	22 DE SECRE
3. The name of the Florida Limited Liability Company as set forth in the attached Art	- 登選 労 11 ticles:of-Organiza tion :
Riff's Travel Service, LLC	ART SSEE
(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	ကြောင်း 20 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 dadocument's effective date on the Department of State's records.	ate will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statutes.	

- pian 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 8th day of January	20 <u></u>			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: Printed Name; Jason M. Riffenburg	Title: Owner	_		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: M. Riffenburg Printed Name: Jason M. Riffenburg	Title: Authorized Person/Owner	_		
Signature:Printed Name:	The	-		
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		SE(TALL	22	
If Directors or Officers have not been selected, an Inc		AHA.	DEC ;	T
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	SSEE.	27 f	1
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	200 N	¥ છે. છે. 00	C
All others: Signature of an authorized person.		.1		
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 - Nat	ne: imited Liability Company i	ę.	
The hame of the Li	mined blue may be on painty.	•••	
Riff's Travel Service			
(Mu	ist contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		principal office of the Limite	ed Liability Company is:
Principal Office A	Address:	Mailing Address:	
26992 Carolina Aste	r Drive	26992 Carolina Aster Drive	>
Wesley Chapel, FL	33544	Wesley Chapel, FL 33544	
(The Limited Liability Cobusiness entity with an		ed Office, & Registered Ag sistered Agent. You must designate an e registered agent are:	
	Jason Michael Riffenburg		
	Nar Nar	ne	
	26992 Carolina Aster Drive		
	Florida street address (P.	O. Box <u>NOT</u> acceptable)	72.2 D
	Wesley Chapel	FL ³³⁵⁴⁴	EC 2
	City	Zip	SHE TO THE
liability comp registered agent statutes relating	any at the place designated and agree to act in this cape g to the proper and complete	to accept service of process f in this certificate. I hereby ac acity. I further agree to comp e performance of my duties, a registered agent as provided fo	for the above stated limited cept the appointment as ly with the provisions of all an familiar with and

(CONTINUED)

Registered Agent's Signature (BEQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Jason Michael Riffenburg
	26992 Carolina Aster Drive
	Wesley Chapel, FL 33544
	
(Use attachment if necessary)	5
	SE() (LL
LE V: Other provisions, if any.	MAS C 2
··	
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	7 19 19 19 19 19 19 19 19 19 19 19 19 19
	7 011
	lan as hall
7	7977
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 ti
any talse information submitted in a docu	ment to the Department of State constitutes a third degree fel-
as provided for in s.817.155, F.S.	
Jason M. Riffenburg	

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)

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 282882

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Riff's Travel Service, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 22, 2022 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 19th day of December, 2022, in the 231st year of the Commonwealth.

SECRETARY OF STATE



Michael G. adams

Michael G. Adams Secretary of State Commonwealth of Kentucky 282882/1198129