

# L23000292882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

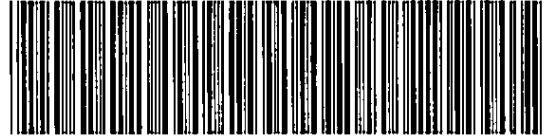
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500399082935

04/10/2022 01:00:00 44185.00

STATE  
TALLAHASSEE, FL

2023 MAY 22 PM 3:00

FILED

W23000065901



7022 3330 0000 2025 1918

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2023

SERGIO SA  
US TAX CONSULTING INC  
5401 S KIRKMAN RD, SUITE 135  
ORLANDO, FL 32819 US

SUBJECT: FOUR RF COMPANY LLC  
Ref. Number: W23000065901

We have received your document for FOUR RF COMPANY LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

Please return 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.

Dil Sultana  
Regulatory Specialist II

Letter Number: 523A0001019

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2023 MAY 22 PM 3:00

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 MAY 22 PM 12:15

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

Date: 05/15/2023

To: Florida Department of State – Division of Corporations

Subject: FOUR RF COMPANY LLC

Respected Sir/Madam,

This is to certify that I attached complete documentation with the requested correction made.

Regards,

*Sergio Sa*

US TAX CONSULTING INC

5401 S. Kirkman Rd. Ste. 135

Orlando, Florida 32819

Ph: (407) 674-8969 / Fx: (407) 674-8970

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2023 MAY 22 PM 3:00  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** FOUR RF COMPANY LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

SERGIO SA

(Contact Person)

US TAX CONSULTING INC

(Firm/Company)

5401 S KIRKMAN RD, SUITE 135

(Address)

ORLANDO, FL, 32819

(City, State and Zip Code)

sergio@ustaxconsulting.net

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

SERGIO SA

(Name of Contact Person)

at ( 407 ) 674-8969

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)

☐ \$150.00 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

STATE  
TALLAHASSEE, FL

2023 MAY 22 PM 3:00

FILED

**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 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:

**FOUR RF COMPANY LLC**

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **LLC – LIMITED LIABILITY COMPANY**

(Enter entity type. Example: Corporation, Limited Partnership,  
General Partnership, Business Trust, etc.)

First organized, formed or incorporated under the laws of **DELAWARE**

(Enter state, or if a non-U.S. entity,  
the name of the country)

on **10/17/2018**

(date of organization, formation, or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

**FOUR RF COMPANY LLC**

(Enter Name of Florida Limited Liability Company)

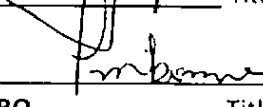
4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) 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 28 day of March 2023.

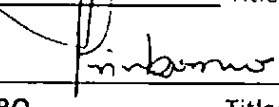
**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: EURIDES A FOGACA Title: AMBR

Signature of Authorized Representative:   
Printed Name: IVINARA DA CRUZ ROMERO Title: AMBR

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature of Authorized Representative:   
Printed Name: EURIDES A FOGACA Title: AMBR

Signature of Authorized Representative:   
Printed Name: IVINARA DA CRUZ ROMERO Title: AMBR

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

FILED  
2023 MAY 22 PM 3:01  
TALLAHASSEE, FL

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FOUR RF COMPANY 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:

8603 LOOKOUT POINTE DR  
WINDERMERE, FL 34786

### Mailing Address:

8603 LOOKOUT POINTE DR  
WINDERMERE, FL 34786

## 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:

EURIDES A FOGACA

Name

8603 LOOKOUT POINTE DR

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

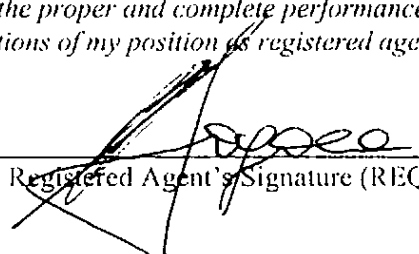
WINDERMERE

FL 34786

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)

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2023 MAY 22 PM 3:00  
CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

EURIDES A FOGACA

8603 LOOKOUT POINTE DR

WINDERMERE, FL 34786

AMBR

IVINARA DA CRUZ ROMERO

8603 LOOKOUT POINTE DR

WINDERMERE, FL 34786

(Use attachment if necessary)

**ARTICLE 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.

EURIDES A FOGACA

Typed or printed name of signee

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2023 MAY 22 PM 3:00

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