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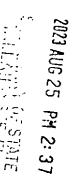
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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07/19/23--01013--017 **150.00



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Richwis	e LLC
(Nam	ne of Resulting Florida Limited Company)
The enclosed Articles of Conversion Business Entity" into a "Florida Lim	n, Articles of Organization, and fees are submitted to convert an "Other nited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence con	ncerning this matter to:
Drnytro Rass, (Contact Person Richwise LLC (Firm/Company)	hyvalov
(Firm/Company) 1140 Pipestone (Address)	· ·
Wesley Chafel, Fi (City, State and Zip dimasova holma	Code)
E-mail Address: (to be used for future at For further information concerning t	nnual report notifications)
Drytro Russhyvan (Name of Contact Person)	lov at (760) 977 7814 (Area Code) (Daytime Telephone Number)
	g amount: (All checks processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	f and Certified Copy Certified Copy, and Certificate of Status
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 810-27 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.

Signed this day of	20 <u>43</u>		
Signature of Authorized Representative of L			
Signature of Authorized Representative: Mice Printed Name: Disiys 10 Kers hyvad	or Tille: Munager		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]			
Signature: Wind Printed Name: Dirry fro Parshyva to	Title: Manager		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature: Printed Name:	PRV-1		
rinted Name:	Title:		
Signature:			
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title:		
If Florida Corporation:	.00		
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir			
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.			
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)		

FILED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Richwise LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1140 Pipesfore PC Wesley Chapel, FI 33543	1140 Pipestone Pl Westey Chapel, FL 33543
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Droy tro Ra	sshyvalor
<u> 1140 Pipes do rue</u> Florida street address (P.O.	Box NOT acceptable)
Wesley Chaper	FL 33543 Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered 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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MCR	Drugtro Lasshyva lov 1140 Pipestone Pet Wesley Chapel, F1 33543
	2023 AUG
(Use attachment if necessary)	AUG 25 PM
ARTICLE V: Other provisions, if any.	E. FI
REQUIRED SIGNATURE:	
Signature of a member or a This document is executed in accordance w	in authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, Lamaware that

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.

Droughto Lasshyvalov
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)