

(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:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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COVER LETTER

COAF	KLE
TO: New Filing Section	
TO: New Filing Section Division of Corporations Division of Corporations	- many)
· Docilio Le	Organization, and fees are submitted to convert an "Other Company" in accordance with s. 605.1045, F.S. Company in accordance with s. 605.1045, F.S.
SUBJECT: Wealthy Resulting Flo (Name of Resulting Flo	matter to:
Please return all correspond	
RC Holmes (Contact Person)	
(Firm/Company)	
4700 Millenia Blvd., Suite 500	
Orlando,FL 32839 (City. State and Zip Code)	
wealthyresults@outlook.com E-mail Address: (to be used for future annual rep	port notifications)
RC Holmes	at (803) 565-4554 (Area Code) (Daytime Telephone Number) (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	ount: (All checks processed by this
donard	at (Area Code) (Daytime Telephone Number) Ount: (All checks processed by this office must be payable in US ne United States) es
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	Street Address: Company Compan
Mailing Address: New Filing Section Division of Corporations	The Control Street, State 220
P.O. Box 6327 Tallahassee, FL 32314	Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

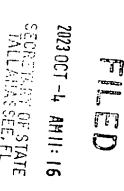
Into

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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Rhylo Ventures LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liadbility 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
(Enter state, or if a non-U.S. entity, the name of the country)
on 11/06/2020 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Wealthy Results 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 locument'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.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLE I - Name: The name of the Limited Liability Company is:
	Wealthy Results 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:
4	700 Millenia Blvd. Suite 500, Orlando, Florida, 32839 4700 Millenia Blvd. Suite 500, Orlando, Florida, 32839
	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:
	Registered Agents Inc
	Name
	7901 4th St N STE 300
	Florida street address (P.O. Box <u>NOT</u> acceptable)
	St. Petersburg FL FL
	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
	The Same Same Same Same Same Same Same Sam
	Registered Agent's Signature (REQUIRED) (CONTINUED) (CONTINUED)
	L'A :

Signed	l this <u>21</u>	day of September	r	_ 20 _23 _	<u> </u>			
Signature of Authorized Representative of Limited Liability Company:								
Signat Printed	ure of Authori Name: <u>RC H</u>	ized Representative:	RH		Manager			
Signat	ure(s) on beha	alf of Other Rusiness	Entity: [5	See below	for required signature(s)]			
Signati	ire: <u>R</u> E	The state of the s						
Printed	Name: RC Ho	olmes	-	Title: Ma	anager			
					· · · · · · · · · · · · · · · · · · ·			
Printed	Name: Jacqu	eline Holmes		Title: Ma	anager			
Signate Printed	ire: Name:	<u>_</u>		Title:				
		<u>-</u>	_	_ rrac				
Signati	ire:	<u>_</u>						
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1 med		<u> </u>	·	_ THE				
	da Corporati							
Signatu If Dirac	re of Chairma	n, Vice Chairman, Dire	ector, or O	officer.				
II LZIICO	nots of Office	rs have not been selecte	ed, an inco	orporator r	nust sign.			
If Flori	da General P	artnership or Limited	d Liability	Partners	hip:			
Signatu	re of one Gene	eral Partner.			·· ···			
<u>If Flori</u> Signatu	da Limited P res of ALL Go	artnership or Limited eneral Partners.	d Liability	Limited	Partnership:			
All oth	ore.							
	re of an author	rized person.						
		- r						
Fees:								
	Articles of Co	onversion:		\$25.00				
	Fees for Flori	da Articles of Organiz		\$125.00				
	Certified Cop	y:		\$30.00 (C	•			
	Certificate of	Status:		\$5.00 (Op	otional)			

ARTICLE IV-

RC Holmes

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 Manager	RC Holmes 4700 Millenia Blvd. Suite 500, Orlando, Florida, 32839				
Manager	Jacqueline Holmes 4700 Millenia Blvd. Suite 500, Orlando, Florida, 32839				
Member					
Member					
(Use attachment if necessary)		2023 OCT -4 SECRETARY			
ARTICLE V: Other provisions, if any.		AMII: I			
REQUIRED SIGNATURE: Signature of a mombar or		——————————————————————————————————————			
This document is executed in accordance	an authorized representative of a meml with section 605.0203 (1) (b), Florida Statutes, I ament to the Department of State constitutes a third	un aware that			

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)