# L23000513592

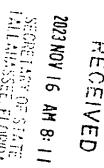
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)           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





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2023

## **COVER LETTER**

| TO:                 | New Filing S<br>Division of C                         |   |                               |               |  |         |
|---------------------|---|---|-------------------------------|---------------|--|---------|
| SUBJ                | ECT: RINCON   | FINANCIAL, LLC  |                               |               |  |         |
| 2020                |   | (Name of Res  | ulting Florida L              | imited Cor    | mpany)   |         |
|                     |   |   |                               |               | nd fees are submitted to convert a ccordance with s. 605.1045, F.S.  |         |
| Please              | return all corr                                       | espondence concernin                                  | g this matter                 | to:           |  |         |
| Derek               | Larsen-Chaney   |   |                               |               |  |         |
|                     |   | (Contact Person)                                      |                               |               |  |         |
| Spend               | er Fane LLP   |   |                               |               |  |         |
|                     | -   | (Firm/Company)  |                               |               |  |         |
| 201 N               | orth Franklin Str                                     | eet, Suite 2150                                       |                               |               |  |         |
|                     |   | (Address)   |                               | <del></del> - |  |         |
| Tampa               | a, FL 33602   |   |                               |               |  |         |
|                     | (1  | City, State and Zip Code)                             | -                             |               |  |         |
| dlarse              | nchaney@spen  | cerfane.com   |                               |               |  |         |
| E-n                 | nail Address: (to b                                   | e used for future annual re                           | port notification             | ns)           |  |         |
| For fu              | rther informati                                       | on concerning this ma                                 | tter, please ca               | ill:          |  |         |
| Derek               | Larsen-Chaney   |   | _at (                         | ,424-         | 3526   |         |
|                     | (Name of Conta  | act Person)   | (Area C                       | ode) (Day     | ytime Telephone Number)  |         |
|                     |   | for the following amou<br>a bank located in the       |                               |               | sed by this office must be payabl                                    | e in US |
| (\$25 fo<br>& \$125 | 0.00 Filing Fees r Conversion for Articles nnization) | ☐\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180.00 Fi<br>and Certified |               | S185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |         |
|                     | Mailing Add<br>New Filing S<br>Division of C          | ection  |                               | New           | t Address: Filing Section ion of Corporations                        |         |
|                     | P.O. Box 632  | 7   |                               |               | Centre of Tallahassee  |         |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INH\$11 (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: RINCON FINANCIAL, LLC   |    |
|--|----|
| (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, common law or business trust, etc.                    |    |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.   | .) |
| First organized, formed or incorporated under the laws of  |    |
| August 23, 2019  |    |
| (date of organization, formation or incorporation)   |    |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |    |
| RINCON FINANCIAL, 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  |    |

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed this 15 day                                       | of November              | 2023                                    |
|--|--------------------------|---|
| Signature of Authorized 1                                | Representative of Lift   | nited Liability Company:                |
| Signature of Authorized Re<br>Printed Name: Jack Dirmann | oresentative. Vio        |   |
| Signature(s) on behalf of O                              | ther Business Entity:    | [See bolow for required signature(s)]   |
| Signature:   | i Caran -                | (resident                               |
| Printed Name: Jack Dirmanh                               | J ///                    | Title: 11/15/2023                       |
| Signature:   |                          |   |
| Printed Name:  |                          | Title:                                  |
| Signature:   |                          |   |
| Printed Name:  |                          | Title:                                  |
| 1  |                          |   |
| Printed Name:  |                          | Title:                                  |
| Signature:   |                          |   |
| Printed Name:  |                          | Title:                                  |
| Signature:   |                          |   |
| Printed Name:  |                          | Title:                                  |
| If Florida Corporation:                                  |                          |   |
| Signature of Chairman, Vice                              | Chairman, Director, or   | Officer.                                |
| If Directors or Officers have a                          | not been selected, an In | corporator must sign.                   |
| If Florida General Partners                              | hip or Limited Liabili   | ty Daytneyshin.                         |
| Signature of one General Part                            | ner.                     | ty rathership.                          |
| If Florida Limited Partners                              | hin or I imitad I tabili | by I imited Dominanti                   |
| Signatures of ALL General P                              | artners.                 | ty Limited Furthership:                 |
| All others:<br>Signature of an authorized per            | ***On                    |   |
|  | . 30II.                  |   |
| Fees:  |                          |   |
| Articles of Conversio                                    |                          | \$25.00                                 |
| Fees for Florida Artic<br>Certified Copy:                | tes of Organization:     | \$125.00                                |
| Certificate of Status:                                   |                          | \$30.00 (Optional)<br>\$5.00 (Optional) |
| 1  |                          | (-p.ionini)                             |

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: RINCON FINANCIAL, 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: 1497 MAIN STREET, SUITE 353 1497 MAIN STREET, SUITE 353 DUNEDIN, FL 34698 DUNEDIN, FL 34698 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:

Name

1497 MAIN STREET, SUITE 353

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

Dunedin

FL 34698

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)

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager   | Name and Address:  |
|--|--|
| MGR  | TWO OCEANS PIONEER MANAGEMENT, INC<br>1497 MAIN STREET, SUITE 353<br>DUNEDIN, FL 34698   |
|  |  |
|  |  |
|  |  |
|  |  |
| (Use attachment if necessary)  |  |
|  |  |
| LE V: Other provisions, if any.  |  |
| LE V: Other provisions, if any.  |  |
| REQUIRED SIGNATURE:  |  |
|  | mun  |
| Signature of a member or a   | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo |
| Signature of a member or a This document is executed in accordance any false information submitted in a document | with section 605 0201 (1) (b) Elected Section 1  |