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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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HENDRICK, RASCOE, ZITRON & LONG, LLC

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS
ATTORNEYS AT LAW
THE FORUM, SUITE 925
3290 NORTHSIDE PARKWAY, NW
ATLANTA, GEORGIA 30327
PHONE: (770) 559-5580 FAX: (404) 998-1248

Joan P. Nieland, Paralegal jzitron@hrzlfirm.com

December 14, 2023

Via Federal Express

Florida Department of State New Filing Section, Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

> Re: Articles of Conversion – Rhino, Inc. to Rhino Insurance and Financial Services, LLC

Dear Sir/Madam:

Enclosed please find the following documents:

- 1. Cover Letter:
- 2. Articles of Conversion;
- 3. Articles of Organization; and
- 4. Check made payable to Florida Department of State in the amount of \$150.00 covering the filing fees for the Articles of Conversion and Articles of Organization.

Please file the above-referenced Articles of Conversion and Articles of Organization and forward a copy of each Certificate to me via email, fax or through the mail.

If you have any questions or need assistance, please call or email me.

Thank you,

Sincerely,

Joan P. Neiland,

Paralegal

Enclosures

ce: Jeffrey M. Zitron, Esq. Greg Fitzpatrick

COVER LETTER

TO: New Filing Secti Division of Corp					
- · · ·	rance and Financial S	Services, LLC			
SUBJECT: Rhino Insu		ulting Florida Lim	ited Com	pany)	
The enclosed Articles of Business Entity" into a "	Conversion, Articl Florida Limited Li	les of Organizat ability Compan	ion, and y" in ac	d fees are submitted to convert ecordance with s. 605.1045, F.	an "Other S.
Please return all correspo	ondence concerning	g this matter to:			
Jeffrey M. Zitron					
(1	Contact Person)		_		
Hendrick, Rascoe, Zitron &	& Long, LLC				
(1	Firm/Company)		-		
3290 Northside Parkway, I	NW, #925				
	(Address)		_		
Atlanta, Georgia 30327					
(City,	State and Zip Code)		_		
greg@gfprimerica.com					
E-mail Address: (to be use	ed for future annual rep	port notifications)	_		
For further information of	concerning this mat	ter, please call:			
Jeffrey M. Zitron		at (770	_\ 559-5	580	
(Name of Contact Po	erson)	(Area Code) (Dayt	580 ime Telephone Number)	
Enclosed is a check for to dollars and drawn on a b	he following amour ank located in the U	nt: (All checks p		ed by this office must be payal	ole in US
(\$25 for Conversion and	\$155.00 Filing Fees d Certificate of atus	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on orations		New F Division The Ce 2415 N	Address: iling Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 assee, FL 32303	2023 ບໍ່

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: Rhino, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
November 20, 1997
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Rhino Insurance and Financial Services, 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 12 to day of December	20 <u> 2 3</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Greg Fitzpatrick	ex Files Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Fetypetrick Printed Name: Greg Fitzpatrick	
Printed Name: Greg Fitzpatrick	Title: President
Signature: Printed Name:	Title
, timed Hame.	1106
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.
in Directors of Officers have not been selected, an in	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Rhino Insurance and Financial Services, LLC	
	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
The maning decrease and shreet decrease of the	o principal office of the Elimited Elability Company is.
Principal Office Address:	Mailing Address:
441 S. State Road	441 S. State Road
Suite 11	Suite 11
Margate, Florida 33068	Margate, Florida 33068
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another he registered agent are:
Greg Fitzpatrick	
Na	ame
441 S. State Road 7, Suite	e 11
	P.O. Box NOT acceptable)
Margate	FL. 33068
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered agent's S	ad to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S
(CON)	CINUED)

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		
MGR	Greg Fitzpatrick	
	441 S. State Road 7, Suite 11	
	Margate, Florida 33068	
(Use attachment if necessary)		_ -
CLE V: Other provisions, if any.	aged for purposes of section 605.0407, Florida Statu	ıtes
CLE V: Other provisions, if any. nited Liability Company is manager-man REQUIRED SIGNATURE:	. 0	utes
CLE V: Other provisions, if any. nited Liability Company is manager-man REQUIRED SIGNATURE:	aged for purposes of section 605.0407, Florida Statu	utes
CLE V: Other provisions, if any. nited Liability Company is manager-man REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member	
CLE V: Other provisions, if any. nited Liability Company is manager-man REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member	ire t
CLE V: Other provisions, if any. nited Liability Company is manager-man REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document is a contact and the contact and	r an authorized representative of a member	ire t
REQUIRED SIGNATURE: Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member	are tl
REQUIRED SIGNATURE: Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S. Greg Fitzpatrick	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am awaument to the Department of State constitutes a third degree	are tl
REQUIRED SIGNATURE: Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S. Greg Fitzpatrick	r an authorized representative of a member	ire t