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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	*
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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		04/29/24

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2024

THOMAS MACKIE 13514 ARTISAN CIRCLE PALM BEACH GARDENS, FL 33418 US

SUBJECT: RAZR VENTURES, LLC

Ref. Number: W24000054863

Signed My Signed Marines Miles

We have received your document for RAZR VENTURES, LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Our office has recieved an incomplete form. The last page of the articles of organization for the limited liability company is missing. Please see attached.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Tekayla T Matthews Regulatory Specialist II

Letter Number: 924A00007367

COVER LETTER

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Div	vision of C	orporations			
SUBJEC1	Razr Ver	ntures, LLC			
		(Name of Res	ulting Florida Limi	ed Com	pany)
			•	-	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please retu	rn all corre	espondence concerning	g this matter to:		
Thomas Ma	ackie				
		(Contact Person)		-	
Razr Ventu	ires,LLC				
		(Firm/Company)		•	
13514 Artis	san Circle			•	
		(Address)	<u> </u>	-	
Palm Beac	h Gardens,	FL 33418			
	((City, State and Zip Code)		•	
tmacf18@g	gmail.com				
E-mail A	ddress: (to b	e used for future annual re	port notifications)	•	
For further	r informati	on concerning this ma	tter, please call:		
Thomas Ma	ackie		_at (⁸⁵⁸	_\ 245-1	658
(Na	ame of Conta	ct Person)		(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	ed by this office must be payable in US
\$150.00 l (\$25 for Con & \$125 for A of Organizat	version Articles	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy. and Certificate of Status
Ne	niling Add w Filing S vision of C			New I	Address: Filing Section on of Corporations

The Centre of Tallahassee

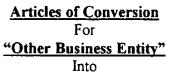
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

...





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: Razr Ventures, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of PA (PUNCULVATION) (Enter state, or if a non-U.S. entity, the name of the country)
on10/17/17
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Razr Ventures, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: April 1, 2024
(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.

\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Razr Ventures LLC. (Must contain the words "Limited Liability")	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Co	ompany is
Principal Office Address:	Mailing Address:	
13514 Artisan Circle	13514 Artisan Circle	
Palm Beach Gardens, FL 33418	Palm Beach Gardens, FL 33418	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or anot	
The name and the Florida street address of the re	gistered agent are:	202
Patricia Geensburg		
Name	SECRETARY 29	German German
13514 Artisan Circle	10 m.	_
Florida street address (P.O.	Roy NOT accontable)	
Palm Beach Gardens	FL 33418	
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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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	Thomas) MACKIE 13514 ARTISAT CIRCLE PAIM BOACH GARders, FL 33
	WAPR 2
	SSEE R
(Use attachment if necessary)	ATE
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	Machie
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felony

I yped or printed name of sigr

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)