L24000 29371

(Requestor's Name)
(Address)
(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:





600432058596

08/25/24--01001--008 ••195.00



T. S.H. 7/2/24



COVER LETTER

TO: New Filing Section Division of Corporation	s	
SUBJECT: TRP SMARTMARKI	ET, LLC	
	(Name of Resulting Florida Limited C	Company)
		and fees are submitted to convert an "Other accordance with s. 605,1045, F.S.
Please return all correspondence	e concerning this matter to:	
LORENA C RIOS		
(Contact I	Person)	
ALC TAX & ACCOUNTING		
(Firm/Coi	mpany)	and the
520 NORTH SEMORAN BLVD ST	TE 255	
(Addr	ess)	,
ORLANDO, FL 32807		r.)
(City, State an	nd Zip Code)	-
LORENA@ALCTAXACC.COM		ا ممارین
E-mail Address: (to be used for fu	ture annual report notifications)	سو :
For further information concern	ing this matter, please call:	
LORENA C RIOS	at (407)_8	301-1529
(Name of Contact Person)		Daytime Telephone Number)
Enclosed is a check for the follodollars and drawn on a bank loc		essed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$3155.00 and Certification Status	Filing Fees and Certified Copy	S \$185.00 Filing Fees, Certified Copy. and Certificate of Status
Mailing Address:	Str	reet Address:
New Filing Section	Ne	w Filing Section
Division of Corporation		vision of Corporations
P.O. Box 6327	l h	e Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

(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	
(Enter state, or if a non-U.S. entity, the n	ame of the country)
08/06/2020 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	les of Organization:
· · ·	es or or gambatton
TRP SMARTMARKET, 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 is	will not be listed as the
document's effective date on the Department of State's records.	will not be fisted as the
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 appraisa	I rights the amount to
which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	-
	, , , , , , , , , , , , , , , , , , ,
	N 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	•

Signed this 12TH day of JUNE	20_ 24		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: Marlene SAN FIEL CABRERA	Title: MGR		
Signature(s) on behalf of Other Business Entity: Signature: MARLENE SAN FIEL CABRERA	See below for required signature(s)		
Printed Name: MARLENE SAN FIEL CABRERA	Title: MGR		
Signature: VICEINA ACEVEDO Printed Name: VICEINA ACEVEDO			
Printed Name: VICEINA ACEVEDO	Title: AMBR		
Signature:			
Signature:Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:			
Printed Name:	Little:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabili	ty Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	*****	
All others: Signature of an authorized person.			
Fees:			Ş.,
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	:	
TRP SMARTMARKET, LLC		
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
4554 TAHOE CIRCLE	4554 TAHOE CIRCLE	
CLERMONT, FL 34714	CLERMONT, FL 34714	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate a	
The name and the Florida street address of the	registered agent are.	
MARLENE SAN FIEL CABRE		
Nam	e	
4554 TAHOE CIRCLE		
Florida street address (P.C). Box <u>NOT</u> acceptable)	
CLERMONT	FL 34714	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as registered Agent's Signal Registered Agent's Registered Agent's Registered Agent's Registered Registered Agent's Registered Regis	n this certificate, I hereby a city. I further agree to com- performance of my duties, o gistered agent as provided Cabaw	occept the appointment as ply with the provisions of all and I am familiar with and
(CONTIN	(UED)	

	IT I	. 1 /	~ 1	1	E % /
Α	КΙ	-14	. 1	. r.	I V -

The name and address of each person authorized to manage and control the Limited Liability Company:

'AMBR" = Authorized Member 'MGR" = Manager MGR	MARLENE SAN FIEL CABRERA 4554 TAHOE CIRCLE CLERMONT, FL 34714	
	4554 TAHOE CIRCLE	
	ALT THE STATE OF T	
	OZZINIONI, I Z OVI I	
		
	·	
Use attachment if necessary)		~`
		,
LE V: Other provisions, if any.		Γ,
MPANY SHOULD BE TREATED AS A MA		
	ORM THE MANAGER DUTIES WITH ALL AUTH	
HE COMPANY. VICEINA ACEVEDO IS TH	HE MEMBER AND WILL HAVE THE 100%OWN	ERSHIR.
		, , ,
REQUIRED SIGNATURE:	\bigcap	
Wadan Van	Piel Coppia	
79 01 Ope Ook	THE CYMPIA	
	authorized representative of a member	

MARLENE SAN FIEL CABRERA

as provided for in s.817.155, F.S.

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)

Filing ID: 200831-0914344

Filing Date: 08/30/2020

STATE OF SOUTH CAROLINA SECRETARY OF STATE

NOTICE OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF PROCESS, OR (3) ADDRESS OF AGENT LIMITED LIABILITY COMPANY - DOMESTIC AND FOREIGN

Pursuant to the 1976 S.C. Code of Laws, as amended, §33-44-109, the limited liability company submits the following statement of

inge.	
The name of the limited liability company is:	
TRP SmartMarket, LLC.	
The limited liability company is (check either "a" or "b", whichever is applicable):	
a. A South Carolina limited liability company.	
b. A foreign limited liability company authorized to transact business in South Carolina.	
-	
a. The South Carolina street address of the current designated office for the limited liability compa	iny is:
205 Capri Ct	
(Street Address)	
Greenville, South Carolina 29609	
(City, State, Zip Code)	
b. The name of the company's current agent for service of process is:	
Marlene San Fiel Cabrera	
(Name)	
 c. The South Carolina street address of the current registered agent's office is: 205 CAPRI CT 	
	~ `
(Street Address)	
GREENVILLE, South Carolina 29609	
(City, State, Zip Code)	
Check and complete all boxes (a-c) that apply.	·
Check and complete <u>all</u> boxes (a-c) that apply.	1
a. The company is changing the address of its designated office.	1 -
The new South Carolina address of the designated office of the limited liability company is:	ก่
143 Commons Way	
(Street Address)	
Greenville, South Carolina 29611	
(City, State, Zip Code)	

	TRP SmartMarket, LLC.
	Name of Limited Liability Company
h. The company is changing its execution of purion	70000
b. The company is changing its agent for service of pr	
The name of the company's new agent for service of p	rocess is:
(Name)	
I hereby consent to the appointment as registered age	ont .
, notes, consent of the appointment as registered ago	•
(Agent's Signature)	
c. The company is changing the street address of the	agent for service of process.
The new South Carolina street address of the registere	
The new death editional subtributes of the registere	sa agent a onice is.
(0)	
(Street Address)	
(City, State, Zip Code)	
5. Unless otherwise specified, these articles are affective w	hen endorsed for filing by the Secretary of State. Specify the
	then endorsed for himly by the Secretary of State. Specify the
time and date of any delayed effective date(Date)	
Date:	
Signed as Authorized Signature: Marlene San Fiel Cabrera	
(Signature)	
Marlene San Fiel Cabrera (Print Name)	
`	
Capacity/Position of Person Signing (You must check one	box.)
Manager Member Organizer	
Fiduciary Attorney-in-Fact	