24000397897

| (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: 09/11/24 |
| |
| |
| 08/06/24 |

Office Use Only



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S. CHATHAIA SEP 16 2024 DEMENON -01016--032 **155.00

FILED

2024 SEP 11 PM 5: 13

SECRETARY OF STATE
TAILLANDAY SEF STATE



August 21, 2024

MORGAN WINKLER 3225 MCLEOD DRIVE, SUITE 100 LAS VEGAS, NV 89121 US

SUBJECT: REDSREI LLC Ref. Number: W24000094837

We have received your document for and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The designation of the registered agent must be at a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6000.

Letter Number: 824A00018651

Summer Chatham Supervisor New Filings Section

www.sunbiz.org

COVER LETTER

| TO: | New Filing S Division of C | | | | |
|-------------------|---|--|------------------------------------|--------------------------|---|
| SUBJ | ECT: REDSR | EILLC | | | |
| | | | sulting Florida Lin | nited Co | mpany) |
| The en | nclosed Article ess Entity" inte | es of Conversion, Artic o a "Florida Limited L | cles of Organiza | ition, ar | nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please | return all con | respondence concernir | ng this matter to | : | |
| Morga | n Winkler | | | | |
| | | (Contact Person) | | _ | |
| | | (Firm/Company) | | _ | |
| 3225 N | McLeod Drive, S | | | | |
| | | (Address) | | | |
| Las Ve | gas, Nevada 89 | 9121 | | | |
| | | City, State and Zip Code) | | _ | |
| | dersonadvisors | | | | |
| E-m | ail Address: (to b | e used for future annual re | port notifications) | _ | |
| For fur | ther informati | on concerning this ma | tter, please call: | | |
| | n Winkler | | _at (⁸⁰⁰ | 706- | 4741 |
| | (Name of Conta | ct Person) | (Area Code | (Day | time Telephone Number) |
| Enclos dollars | ed is a check f and drawn on | or the following amou a bank located in the | int: (All checks United States) | process | sed by this office must be payable in US |
| (\$25 for | Conversion for Articles | \$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing and Certified Co | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| | Mailing Addi New Filing So Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 | | New I Divisi The C | Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

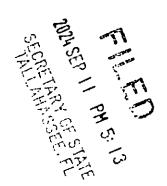
Tallahassee, FL 32303

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Reds Home Solutions, LLC |
|---|
| (Enter Name of Other Business Entity) |
| 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) |
| 9/19/2022 on |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: REDSREILLC |
| (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 th | is <u>31</u> | _ day of <u>May</u> | | |
|--|--|--|--|-----------------------------------|
| <u>Signatur</u> | e of Author | ized Representative of Lin | nited Liability Company: | |
| Signature Printed N | of Authoriz | red Representative: | Title: Authorized Representative | |
| | | | [See below for required signature(s) |) |
| Olaman | Mongary N. | ke i | | |
| Printed Na | ame: Morgan | Winkler | Title: Authorized Representative | |
| Signature: Printed Na | ame: | | Title: | |
| Signature: Printed Na | | | Title: | |
| | | | Title: | |
| | | | | |
| Printed Na | ıme: | | Title: | _ |
| Signature: Printed Na | ıme: | | Title: | _ |
| If Florida Signature If Director | Corporation of Chairman or Officers | n: , Vice Chairman, Director, or have not been selected, an Ir rtnership or Limited Liabil | Officer. acorporator must sign. | |
| If Florida Signatures | Limited Par of <u>ALL</u> Ger | rtnership or Limited Liabili neral Partners. | ty Limited Partnership: | |
| All others Signature of | i of an authori: | zed person. | | 2024 SEP I SECRETAR TALLAH, |
| Fees: | | | | TP - |
| Fee Ce | ticles of Cor es for Florid rtified Copy rtificate of S | a Articles of Organization: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | PH 5: 13 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| REDSREILLC | | | |
|--|--|--|---|
| | Must contain the words "Limited Lia | ability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - A | ddwaga | | |
| | | e principal office of the Limite | ad Liability Compone |
| | | o principal office of the Little | su Claothty Company is |
| Principal Office | Address: | Mailing Address: | |
| 3225 McLeod Dr. S | Suite 100 | 3225 McLeod Dr. Suite 10 | 0 |
| Los Vones AD / 00/ | 40.4 | | • |
| (i ne cimited clability (| Registered Agent, Registe | Las Vegas, NV 89121 ered Office, & Registered Age egistered Agent. You must designate an | ent's Signature: |
| ARTICLE III - F (The Limited Liability (business entity with an | Registered Agent, Registe Company cannot serve as its own R active Florida registration.) | ered Office, & Registered Age | individual or another |
| ARTICLE III - F (The Limited Liability (business entity with an | Registered Agent, Registe | ered Office, & Registered Age | individual or another |
| ARTICLE III - F (The Limited Liability (business entity with an | Registered Agent, Registe Company cannot serve as its own R active Florida registration.) Florida street address of the Anderson Registered Ager | ered Office, & Registered Age egistered Agent. You must designate an the registered agent are: | ent's Signature: individual or another |
| ARTICLE III - F (The Limited Liability (business entity with an | Registered Agent, Registe Company cannot serve as its own R active Florida registration.) Florida street address of the Anderson Registered Ager | ered Office, & Registered Agregistered Agent. You must designate an the registered agent are: | individual or another 2024 SEP 11 TALLAH |
| ARTICLE III - F (The Limited Liability (business entity with an | Registered Agent, Registe Company cannot serve as its own R active Florida registration.) Florida street address of the Anderson Registered Agen | ered Office, & Registered Agregistered Agent. You must designate an the registered agent are: | individual or another 2024 SEP 11 PH TALLAHASSE |
| ARTICLE III - F (The Limited Liability (business entity with an | Registered Agent, Registe Company cannot serve as its own R active Florida registration.) Florida street address of th Anderson Registered Ager Na 625 E. Twiggs Street, Suite | ered Office, & Registered Agregistered Agent. You must designate an the registered agent are: | individual or another 2024 SEP 11 PH TALLAHASSE |
| ARTICLE III - F (The Limited Liability (business entity with an | Registered Agent, Registe Company cannot serve as its own R active Florida registration.) Florida street address of th Anderson Registered Ager Na 625 E. Twiggs Street, Suite | ered Office, & Registered Agregistered Agent. You must designate an the registered agent are: https://doi.org/10.1006/pub.1006/p | individual or another 2024 SEP 11 P |

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)

| 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 | Comin Charalle |
| MICK TO THE PART OF THE PART O | Sonja Revells |
| | 3225 McLeod Dr. Suite 100 |
| | Las Vegas, NV 89121 |
| MGR | Jane Revells |
| | 3225 McLeod Dr. Suite 100 |
| | Las Vegas, NV 89121 |
| | |
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| | —————————————————————————————————————— |
| | |
| | AP P |
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| | |
| (Use attachment if necessary) | _ ≦≒ _ |
| • | m; c: |
| | |
| LE V: Other provisions, if any. | |
| | |
| | |
| | |
| REQUIRED SIGNATURE: | A 2 4 |
| SIGNATURE. | Jogan J. Ninkles |
| · | () () () () () () () () () () |
| | |
| Signature of a member or | an authorized representative of a member |
| inis document is executed in accordance | With section 605 0203 (1) (b) Florida Statutes, Lam summe that |
| as provided for in s.817.155, F.S. | ment to the Department of State constitutes a third degree felon |
| | |
| Morgan Winkler | |
| Ty | ped 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)