# L24000433381

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone #	·)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name	)
(Doc	ument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to F	iling Officer:	
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#### COVER LETTER

	New Filing S Division of C					
		ASSOCIATES, LLC				
SUBJE	C1:	(Name of Re	ulting l	Florida L	imited Cor	npany)
						nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please re	eturn all corr	espondence concernin	g this	matter t	0:	
Anthony	Morales					
	· ·	(Contact Person)	-	-		
MyUSA	Corporation.co	om				
		(Firm/Company)		1.	<del></del>	
1 Radiss	son Plaza, Sui	te 800				
	<del></del>	(Address)				
New Ro	chelle, NY 108	301				
	((	City, State and Zip Code)			<del></del>	
info@my	yusacorporatio	on.com				
E-mai	l Address: (to b	e used for future annual re	port no	tification	s)	
For furtl	ner informati	on concerning this ma	tter, pl	lease ca	11:	
Anthony	Morales		_at (_	877	, 33	0-2677
	Name of Conta	ict Person)			ode) (Day	vtime Telephone Number)
		or the following amou a bank located in the				sed by this office must be payable in US
		☐S155.00 Filing Fees and Certificate of Status		80.00 Fil Pertified (	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
)   	Mailing Add New Filing So Division of C P.O. Box 632 Fallahassee, I	ection orporations 7			New Divis The C	t Address: Filing Section ion of Corporations Centre 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 <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: RCG & ASSOCIATES, 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)
02/28/2012 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: RCG & ASSOCIATES, 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 thisIST day ofOCTOBER_	20 <u>24</u>
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representatives	01+ CM ~
Signature of Authorized Representative: Printed Name: ROBERT GLENN	Title MEMBER
Timed Name.	THE. MEMBER
Signature(s) on behalf of Other Business E	ntity:  See below for required signature(s)
	•
Signature: Relat ( #45.49	Title: MEMBER
Printed Name: ROBERT GLENN	Title: MEMBER
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
rrinted Name:	litle:
Signature:	
Printed Name:	Title:
Timed Name.	THIC.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Direc	ctor, or Officer.
If Directors or Officers have not been selected	d, an Incorporator must sign.
ICEN II COLLIN A LINE AND A LINE	
If Florida General Partnership or Limited	Liability Partnership:
Signature of one General Partner.	
lf Florida Limited Partnership or Limited	Liability Limitad Partnership
Signatures of ALL General Partners.	Elability Elliffed Farthership.
organical or interest in the control of the control	
All others:	
All others: Signature of an authorized person.	
·	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organiz	ation: \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	d Liability Company	is:		
RCG & ASSOCIATES, LL	.C ain the words "Limited Liah	bility Company.	L.L.C.," or "LEC	··")
ARTICLE II - Address The mailing address and		principal of	fice of the Li	mited Liability Company is:
Principal Office Addre	<u> </u>	Mailing	Address:	
7901 4TH ST N # 22963	2700		H ST N # 229	
ST. PETERSBURG, FL 3	3702	51. PEI	ERSBURG, F	L 33702
The name and the Florid	GISTERED AGENTS IN	Ü	agent are:	_
790	1 4TH ST N #300			
	rida street address (P	P.O. Box <u><b>NO</b></u>	<u>F</u> acceptable)	<del>-</del>
ST. I	PETERSBURG	FL	33702	
	City		Zip	_
liability company a registered agent and a statutes relating to th accept the obligati	t the place designated gree to act in this cap he proper and comple	I in this certify acity. I furth te performand registered ag	icate, I hereb er agree to ca e of my dutie ent as provid	ess for the above stated limited by accept the appointment as comply with the provisions of ales, and I am familiar with and led for in Chapter 605, F.S.
	registered Agent's 3	ignature (RE	QOINGD)	

(CONTINUED)

# ARTICLE IV-

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

<u>Title:</u>	
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ROBERT GLENN
	2210 BRYAN PL SE
	WASHINGTON, DC, 20020
<del>,</del>	
(Use attachment if necessary)  LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document any false information submitted in a document is executed.	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am aware the tument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605,0203 (1) (b). Florida Statutes, I am aware the cument to the Department of State constitutes a third degree felo ROBERT GLENN
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am aware the tument to the Department of State constitutes a third degree felo