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(Requ	estor's Name)	
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PICK-UP	MAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer.

W24000128918 11/01/24

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2024

STEVE RIFE 505 EAST JACKSON STREET TAMPA, FL 33602 US

SUBJECT: ONE RIFE VENTURES LLC

Ref. Number: W24000128918

SECHTANN CEES BYTE

We have received your document for ONE RIFE VENTURES LLC and check(s) totaling \$310.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Monique K Anderson Regulatory Specialist II

Letter Number: 624A000205

### **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:  One Rife Ventures LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a General Partnership  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Missouri (Enter state, or if a non-U.S. entity, the name of the country)
on April 13, 2021 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  One Rife Ventures 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.
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 25th day of July	_ 20 <u>_ 24</u>			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Steve Rife	Title: Owner			
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]			
Signature:	Title: Owner			
Signature: Printed Name:	Title:			
Signature:Printed Name:	_ Title:			
Signature:Printed Name:	Title:			
Signature:				
Printed Name:	_ Title:			
Signature:Printed Name:	T'd			
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v Limited Partnership:	75	<b>N</b> 3	
All others: Signature of an authorized person.		ALLAHA	2024 NOV - I	-ī
Fees:		SSEE		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FLORIDA	PH 4: 53	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	;	
One Rife Ventures 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 Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
505 E Jackson St	505 E Jackson St	
Tampa, FL 33602	Tampa, FL 33602	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the	stered Agent. You must designate an i	
Brittany Ward		
Nam	e	
505 E Jackson St	<u>_</u>	
Florida street address (P.C	). Box NOT acceptable)	
Tampa	FL 33602	
City	Zip	
Having been named as registered agent and a liability company at the place designated is registered agent and agree to act in this capacistatutes relating to the proper and complete accept the obligations of my position as respectively.    Bittan   Registered Agent's Signature   Registered Agent's Signature	n this certificate, I hereby accity. I further agree to comply performance of my duties, and agistered agent as provided for a way with the world agent as provided for a way agustered (REQUIRED)	cept the appointment as y with the provisions of all nd I am familiar with and

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

. . .

<u> Fitle:</u>	
'AMBR" = Authorized Member	
'MGR" = Manager - AMBR, MGR	Steve Dife
AMBR, MGR	Steve Rife
	15509 Long Cypress Dr Ruskin, FL 33573
	11001111, 112 00010
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REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member 2
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member sewith section 605.0203 (1) (b). Florida Statutes. I amayare that
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	an authorized representative of a member 2
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I amaware the ment to the Department of State constitutes a third degree felot
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  Steve	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I amaware the ment to the Department of State constitutes a third degree felote Rife
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  Steve	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I amaware the ment to the Department of State constitutes a third degree felot