# L24000495296

	(Requestor's Name)	<del>.</del>
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	(Address)	· · · · · · · · · · · · · · · · · · ·
	(City/State/Zip/Phone #)	·
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	<u> </u>
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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### **CT CORP** (850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

12/02/2024

D	ate:	12/02/2024	- wil DW
		Acc#I20160000072	4. ( ) = W
Name:	Reworld Pas	sco, Inc.	
Document #:			
Order #:	16005044		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified:	$\overline{\mathbf{V}}$	Email Address for Annual Report Notifications:
	Plain: COGS:		
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$	1 <b>8</b> 0.00	

Thank you!

## 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:  Reworld Pasco, Inc.
(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
First organized, formed or incorporated under the laws of
February 8, 1988  (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Reworld Pasco, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: December 2, 2024 at 8:00 pm eastern time. (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 this 27th day of November	20_24
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Thomas L. Kenyon	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
1	
Signature: Thomas L. Kenyoff <sup>047FD27CCD419</sup>	Title: Secretary
Signature	
Signature:Printed Name:	Title:
Simplify	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title
Printed Name:	Title.
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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:	
Reworld Pasco, LLC (Must contain the words "Limited Liability	Company "LLC "or "LLC")
(Must contain the words "Limited Liability	Company, Lift.C., or life.
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14230 Hays Rd	14230 Hays Rd
Spring Hill, F1. 34610-7360	Spring Hill, FL 34610-7360
The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the recommendation of the recommendati	
Name	
1200 South Pine Island Road	
Florida street address (P.O.	Box NOT acceptable)
Tiorial street data (110)	<u> </u>
Plantation	FL 33324
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as reg	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and existered agent as provided for in Chapter 605, F.S

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

0	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Reworld Projects, LLC
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
• •	200 pm eastern time on December 2, 2024.
TICLE V: Other provisions, if any.	200 pm eastern time on December 2, 2024.
TICLE V: Other provisions, if any.	:00 pm eastern time on December 2, 2024.
FICLE V: Other provisions, if any. se Articles of Organization shall be effective at 8:  REQUIRED SIGNATURE:	= Sloped by
FICLE V: Other provisions, if any see Articles of Organization shall be effective at 8:	= Sloped by
TICLE V: Other provisions, if any see Articles of Organization shall be effective at 8:  REQUIRED SIGNATURE:  Signature of a member or	-signed by. Thomas kengon
TICLE V: Other provisions, if any.  se Articles of Organization shall be effective at 8:  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance.	= Sloped by
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.  Thomas L. Kenyon	-Signed by.  Thomas Euryon
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.  Thomas L. Kenyon	-signed by.  Thomas Euryon

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