# L25000007809

| (Requestor's Name)                      |
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| (100.000)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
| Octobroa Copies                         |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2024 DEC 27 PM 3: 46
SECRETAL LOF STATE
TALLAHAS LES LORIO

Chr

July 19, 2024

New Filing Section Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Rakuen Management Group, Inc.

To Whom It May Concern:

Enclosed please find the following:

- Articles of Conversion, Articles of Organization; and
- A check for \$150 for the filing fees payable to Florida Division of Corporations; and
- A pre-addressed return envelope. Please use it to return the filed documents to me.

If you have any questions or concerns regarding this filing, I can be reached at 800-706-4741 or slovelace@andersonadvisors.com.

Thank you,

Skye Lovelace

2024 DEC 27 PM 3: 46

#### **COVER LETTER**

| TO:                  | New Filing S<br>Division of C  |   |          |                             |                                  |  |  |                |   |
|----------------------|--|---|----------|-----------------------------|----------------------------------|--|--|----------------|---|
| SHRI                 |  | ,<br>Management Group, LL                           | .C       |                             |                                  |  |  |                |   |
| 3013                 | EC1  | (Name of Re   |          | Florida Lii                 | nited Co                         | mpany)   |  |                |   |
|                      |  |   |          |                             |                                  | nd fees are submitted to<br>accordance with s. 605.  |  |                | Other                                     |
| Please               | return all corr  | espondence concernir                                | g this   | matter to                   | ):                               |  |  |                |   |
| Skye l               | _ovelace   |   |          |                             |                                  |  |  |                |   |
|                      |  | (Contact Person)                                    |          |                             |                                  |  |  |                |   |
| Anders               | son Registered   | Agents, Inc.  |          |                             |                                  |  |  |                |   |
|                      |  | (Firm/Company)                                      |          |                             |                                  |  |  |                |   |
| 3225 N               | McLeod Drive, S  | Suite 100   |          |                             |                                  |  |  |                |   |
|                      |  | (Address)   |          | 1=1                         | _                                |  |  |                |   |
| Las Ve               | egas. NV 89121   |   |          |                             |                                  |  |  |                |   |
|                      | (1   | City, State and Zip Code)                           |          |                             | _                                |  |  |                |   |
| ra@an                | dersonadvisors   | .com  |          |                             |                                  |  |  |                |   |
| E-m                  | ail Address: (to b   | e used for future annual re                         | port no  | tifications)                | _                                |  |  |                |   |
| For fu               | ther informati   | on concerning this ma                               | tter, pi | lease call                  |                                  |  |  |                |   |
| Skye L               | ovelace  |   | at (     | 800                         | , 706-                           | 4741   |  |                |   |
|                      | (Name of Conta   | ict Person)   |          |                             | — <i>)</i><br>e) (Day            | rtime Telephone Number)  | _  |                |   |
|                      |  | for the following amou<br>a bank located in the     |          |                             | process                          | sed by this office must  | be paya  | ible in        | US  |
| (\$25 for<br>& \$125 | 0.00 Filing Fees<br>Conversion<br>for Articles<br>nization)                      | S155.00 Filing Fees<br>and Certificate of<br>Status |          | 80.00 Filin<br>Certified Co | _                                | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status   |  |                |   |
|                      | Mailing Add<br>New Filing So<br>Division of C-<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7                          |          |                             | New I<br>Divisi<br>The C<br>2415 | t Address:<br>Filing Section<br>on of Corporations<br>Centre of Tallahassee<br>N. Monroe Street, Suite<br>hassee, FL 32303 | SECRETA SECRET | 2024 DEC 27 PH | emany<br>emany<br>emany<br>emany<br>emany |

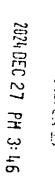
#### **Articles of Conversion** For "Other Business Entity" Into

### 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 8,605,1045, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Rakuen Management Group, Inc.   |
|--|
| (Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" is a Corporation  |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.   |
| First organized, formed or incorporated under the laws of Florida - PZ4 6565 478 (Enter state, or if a non-U.S. entity, the name of the country)   |
| 6/13/2024  |
| (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| Rakuen Management Group, 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 this 8th  | day of November                                    | 20 24 .                                     |             |
|--|--|---|-------------|
| Signature of Authoriz  | ted Representative of                              | Limited Liability Company:                  |             |
| Signature of Authorize<br>Printed Name: Hendel V                         | d Representative:                                  | Title: President                            |             |
| Signature(s) on behalf   | of Other Business Enti                             | ity: [See below for required sign           | nature(s)   |
| Signature:   |  |   |             |
| Printed Name: Hendel V   | illamizar  | Title: President                            |             |
| Signature:   |  |   |             |
| Printed Name:  |  | Title:                                      |             |
|  |  |   |             |
| Printed Name:  |  | Title:                                      | 1           |
|  |  |   |             |
| Signature:<br>Printed Name:  | <del> </del>                                       | Title:                                      | <del></del> |
|  |  |   |             |
| Signature:   |  | Title:                                      |             |
| Printed Name:  | <u> </u>   | Little:                                     | <del></del> |
| Signature:   |  |   |             |
| Printed Name:  |  | Title:                                      |             |
| If Florida Corporation Signature of Chairman. If Directors or Officers I | _<br>Vice Chairman, Director                       | r, or Officer.<br>n Incorporator must sign. |             |
| If Florida General Par<br>Signature of one Genera                        | <mark>tnership or Limited Liz</mark><br>I Partner. | ability Partnership:                        |             |
| <b>If Florida Limited Part</b><br>Signatures of <u>ALL</u> Gene          | nership or Limited Lia<br>eral Partners.           | ability Limited Partnership:                |             |
| All others:<br>Signature of an authorize                                 | ed person.   |   |             |
| Fees:  |  |   |             |

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Contifued Conversion: \$25.00

Certificate of Status: \$30.00 (Optional)

\$5.00 (Optional)

2024 DEC 27 PH 3: 46

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|   | "L.L.C.," or "LLC,")   |  | _  |   |
|---|--|--|--|---|
| Company.  | "L.L.C.," or "LLC,")   |  | _  |   |
| ncipal of   | fice of the Limite   |  |  |   |
|   |  | ed Liability (   | Compa  | any is:   |
| Mailing   | <u> Address:</u>   |  |  |   |
| 3225 M  | cLeod Drive  |  |  |   |
| Suite 10  | 00   |  | _  |   |
| Las Veg   | as, Nevada 89121   |  | _  |   |
| ed Agents,  | Inc.<br>110  |  |  |   |
| <del></del>   | 33602  |  |  |   |
| r <u>L</u>  | Zip  |  |  |   |
| this certif<br>y. I furth<br>erformand<br>stered ag | icate. I hereby acc<br>er agrec to compl<br>e of my duties, an<br>ent as provided fo   | cept the appo<br>ly with the pi<br>nd I am fami  | ointme<br>rovisio<br>liar wi   | nt as<br>ns of all<br>th and  |
|   | Mailing 3225 Mc Suite 10 Las Veg Office, & ed Agent, v egistered a ed Agents, eet, Suite Box NO FL accept se this certificy. I furth erformance istered ag | Mailing Address:  3225 McLeod Drive Suite 100 Las Vegas, Nevada 89121  Office, & Registered Agord Agent. You must designate an egistered agent are: ed Agents, Inc.  eet, Suite 110 Box NOT acceptable) FL 33602 Zip  accept service of process for this certificate. I hereby accept service of my duties, an istered agent as provided for started agent as provided for this certificate. | Mailing Address:  3225 McLeod Drive Suite 100 Las Vegas, Nevada 89121  Office, & Registered Agent's Signatured Agent. You must designate an individual or an egistered agent are:  and Agents, Inc.  and Agents, Inc.  and Agents, Inc.  accept Suite 110 Box NOT acceptable) FL 33602 Zip  accept service of process for the above this certificate. I hereby accept the appearunce of my duties, and I am familistered agent as provided for in Chapter agree of agent as provided for in Chapter agree (REQUIRED) | Mailing Address:  3225 McLeod Drive Suite 100 Las Vegas, Nevada 89121  Office, & Registered Agent's Signature: red Agent. You must designate an individual or another registered agent are: ad Agents, Inc.  eet, Suite 110 Box NOT acceptable) FL 33602 Zip  accept service of process for the above stated this certificate. I hereby accept the appointment of the serior of my duties, and I am familiar with stered agent as provided for in Chapter 605, in the serior of |

| A   | $\mathbf{R}^{\gamma}$ | ľ | CI       | F | IV- |
|-----|-----------------------|---|----------|---|-----|
| . 1 |                       |   | <b>.</b> |   |     |

 $\Lambda$ 

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

| "AMBR" = Authorized Member  |  |
|---|--|
| "MGR" = Manager   | Lleadel Villaminas   |
| MGR   | Hendel Villamizar  |
|   | 3225 McLeod Drive, Suite 100   |
|   | Las Vegas, NV 89121  |
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| (Use attachment if necessary)   |  |
| ·   |  |
| LE V: Other provisions, if any.   |  |
| ·   |  |
| LE V: Other provisions, if any.   | SkyeTowlace  |
| LE V: Other provisions, if any.   | SkyeTowlace  |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant.  | or an authorized representative of a member need with section 605,0203 (1) (b). Florida Statutes, I am aware that cument to the Department of State constitutes a third degree felony  |
| REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a doc as provided for in s.817.155. F.S.   | or an authorized representative of a member acce with section 605,0203 (1) (b). Florida Statutes, I am aware that cument to the Department of State constitutes a third degree felony  |
| REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a doc as provided for in s.817.155. F.S.  Skye Lovelace  | or an authorized representative of a member lice with section 605.0203 (1) (b). Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felony ce, Agent of Anderson Registered Agents, Inc.  |
| REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a doc as provided for in s.817.155. F.S.  Skye Lovelace  | or an authorized representative of a member like with section 605.0203 (1) (b). Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felony see, Agent of Anderson Registered Agents, Inc.   |
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| REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a doc as provided for in s.817.155. F.S.  Skye Lovelace  | or an authorized representative of a member line with section 605.0203 (1) (b). Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felony see, Agent of Anderson Registered Agents, Inc.  Typed or printed name of signee  Filing Fees  of Organization and Designation of Registered Agent (Optional)  \$ 5.00 Certificate of Status (Optional) |
| REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant any false information submitted in a docast provided for in s.817.155. F.S.  Skye Lovelace This state of the state | or an authorized representative of a member acce with section 605.0203 (1) (b). Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felony se, Agent of Anderson Registered Agents, Inc.  Typed or printed name of signee  Filing Fees  of Organization and Designation of Registered Agent   |

# docusign.

#### **Certificate Of Completion**

Envelope Id: 2DC5CCAE110345C2B14F1FAB7DC2D682

Subject: Unfiled Conversion - Rakuen Management Group, Inc. pdf - Shared from Box

Credit Card Number: Source Envelope:

Document Pages: 5 Certificate Pages: 5

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator: Your Anderson Team 3225 Mcleod Drive Las Vegas, NV 89121

myteam@andersonadvisors.com IP Address: 74.112.186.68

#### **Record Tracking**

Status: Original

11/8/2024 10:15:24 AM

Holder: Your Anderson Team

myteam@andersonadvisors.com

Location: DocuSign

#### Signer Events

Hendel Villamizar rakuenbnb@gmail.com

Security Level: Email, Account Authentication

(None)

#### Signature

Signatures: 2

Initials: 0

86E AC 72D0874A2

Signature Adoption: Drawn on Device Using IP Address: 174,197,195,132

Signed using mobile

#### **Timestamp**

Timestamp

Sent: 11/8/2024 10:15:25 AM Resent: 12/5/2024 11:01:42 AM Viewed: 12/5/2024 11:16:55 AM Signed: 12/5/2024 11:17:20 AM

#### Electronic Record and Signature Disclosure:

Accepted: 12/5/2024 11:16:55 AM

ID: d85b3052-4fd0-45bb-bb66-582abc0948f7

In Person Signer Events

Signature Timestamp

**Editor Delivery Events Status** 

Agent Delivery Events **Status** Timestamp

Intermediary Delivery Events **Status Timestamp** 

**Certified Delivery Events Status Timestamp** 

#### Carbon Copy Events

Skye Lovelace slovelace@andersonadvisors.com Anderson Business Advisors

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Witness Events

Status Timestamp

Sent: 11/8/2024 10:15:24 AM COPIED Viewed: 11/8/2024 10:15:24 AM

Signature

#### **Notary Events** Signature

#### **Envelope Summary Events Status**

Envelope Sent Hashed/Encrypted Certified Delivered Security Checked Signing Complete Security Checked Completed Security Checked

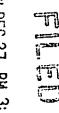
#### **Timestamp**

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#### **Timestamps**

11/8/2024 10:15:25 AMS 12/5/2024 11:16:55 AM 12/5/2024 11:17:20 AM 12/5/2024 11:17:20 AM

Signed: 11/8/2024 10:15:24 AM



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Payment Events Status Timestamps

**Electronic Record and Signature Disclosure**