P21000047752

(Requestor's Name)		
(Add	ress)	
(Add	fress)	
(ride	11033)	
(City	//State/Zip/Phon	e #)
—		
☐ PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(0.00	,	··- ,
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	-iling Officer:	





800358119938

01/20/21-01026--020 **105.00

21 MAR -8 PM 4: 03

D O'KEEFE MAY 2 0 2021

W21-19164

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 12, 2021

FELIX RUIZ R.E.I. GOOD NEWS INSURANCE AGENCY LLC 3401 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066

SUBJECT: R.E.I. GOOD NEWS INSURANCE AGENCY INC

Ref. Number: W21000019164

We have received your document for R.E.I. GOOD NEWS INSURANCE AGENCY INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please correct the marked sections in the Articles 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.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 721A00003239

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporat	ions			
SUBJECT: R.E.I. GOC	D NEWS INS	URANCE AGE	NCY LLC	
	Name of	Resulting Florida Pro	ofit Corporation	
The enclosed Articles of Corentity into a "Florida Protit C				convert the following eligible F.S.
Please return all corresponde	nce concerning this	matter to:		
FELIX RUIZ				
(Contact Person			
R.E.I. GOOD NEWS IN:	SURANCE AGE	NCY INC		
ŀ	Firm/Company	 .		21 W SLOW ALU/
3401 CARAMBOLA	CIRCLE SOU	TH		ETLED 21 HAR -8 PH 44 03 SLUNCIAN OF STATE TALLAHASSEE, FLORIDA
	Address			
COCONUT C	REEK FL	33066		15 4. 0 10 28 1
City.	State and Zip Code	;		\mathcal{L}_{π} ω
JANNI316@Y				
E-mail address: (to be t	ised for future annu	al report notification)	
For further information conc	erning this matter, j	olease call:		
FELIX RUIZ		_at (561)3	50-4156	
Name of Contact	Person	Area Code	and Daytime Teleph	none Number
Enclosed is a check for the fo	ollowing amount:			
■ \$105.00 Filing Fees □SI and State	Certificate of	□\$113.75 Filing Fo and Certified Copy	ces \$\square\$\$\$\$\square\$\$\$\$\$\$\$\$\$Certified Copy Certificate of \$\$\$\$\$\$\$\$, and

Mailing Address:
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

+

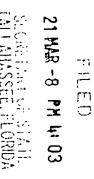
Articles of Conversion For Converting Eligible Entity Into

Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following <u>eligible</u> <u>business entity into a Florida Profit Corporation</u> in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

R.E.I. GOOD NEWS INSURANCE AGENCY LLC
Enter Name of the Converting Entity
2. The converting entity is a LLC
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on \\ \\ \\ \ \ \ \ \ \ \ \ \ \ \ \
Emer date Converting Entity" was first organized, formed or incorporated.
R.E.I. GOOD NEWS INSURANCE AGENCY INC Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.



Signed	1 this 12	day of JANUARY	. 2021	
<u>Requi</u>	red Signature	for Florida Profit Corporation		
	Mr. J	_	cers have not been selected, an Incorpora	tor:
Printed	Name: FE	LIX RUIZ Title: PR	RESIDENT	
compa	nies: [See be]	w for required signature(s).]	rida partnerships, limited partnership	s, and limited liability
Signat	ure:	12		.
Printed	_{d Name:} FEI	LIX RUIZ	Title: PRESIDENT	
Signat	ure:			<u></u>
Printed	i Name:		Title:	
Signat	иге:	<u> </u>		
Printed	d Name:		Title:	
Signat	ure:			·
Printec	l Name:		Title:	· <u>····</u>
Signat	ure:			
Printec	i Name:		Title:	—25 21
Signat	ure:			
			Title:	-8 -8
<u>If Flor</u> Signati	rida General F ure of one Gen	Partnership or Limited Liabilit eral Partner.	v Partnership:	PN 4: 03
		artnership or Limited Liabilit eneral Partners.	y Limited Partnership:	O _F
<u>If Flor</u> Signat	rida Limited I ure of a Memb	.iability Company: er or Authorized Representative.		
All oth Signati	ners: ure of an autho	rized person.		
Fces:	Articles of Conference of Control	ida Articles of Incorporation: by:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

÷.

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:___R.E.I. GOOD NEWS INSURANCE AGENCY INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 3401 CARAMBOLA CIRCLE SOUTH SAME COCONUT CREEK, FL 33066 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: FELIX RUIZ Name and Title: 3401 CARAMBOLA CIR S Address: Address: COCONUT CREEK, FL 33066 PRESIDENT Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

<u>.</u> 5

	E VI REGISTERED AGENT and Florida street address (P.O. Box NO	acceptable) of the registered agent is:
Name:	FELIX RUIZ	
Address:	3401 CARAMBOLA CIR S	
	COCONUT CREEK, FL 33066	
Having be	een named as registered agent to accept se	vice of process for the above stated corporation at the place designated in
this certifi	icate, I am familiar with and accept the app	ointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

01/12/2021

Date

21 MAR -8 PM 4: 0: SECRETARY OF STATE TALLAHASSEE, FLORIE