



State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Conversion

DOMESTIC Business Corporation, Non-Profit Corporation, Limited Partnership,
Limited Liability Partnership or Limited Liability Company

→ No Filing Fee

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Pursuant to the applicable provisions of RIGL 7-1.2-1007, 7-6-48.1, 7-12.1-1143, 7-13.1-1143 and 7-16-5.1, the undersigned submits the following Certificate of Conversion:

1. Entity ID Number:	2. The full name of the converting entity is: Life of Reverie LLC
3. It is formed under the jurisdiction of: Texas	4. The date of formation is: 07/12/2021
5. The jurisdiction to which the entity is converting: RHODE ISLAND	
6. The structure of the converting entity is: CHECK ONE BOX ONLY	
☐ Business Corporation	☐ Non-Profit Corporation
☒ Limited Liability Company	☐ Other Entity
☐ Partnership (General, Limited, or Limited Liability Partnership)	☐ Sole Proprietorship
7. The structure of the entity following conversion will be: CHECK ONE BOX ONLY	
☐ Business Corporation	☐ Limited Partnership / Limited Liability Limited Partnership
☐ Non-Profit Corporation	☐ Limited Liability Partnership
☒ Limited Liability Company	
8. The name of the entity following the conversion is: Life of Reverie LLC	
9. This certificate of conversion and accompanying certificate of formation have been approved by the converting entity in the manner provided for in RIGL <u>7-1.2-1007</u> , <u>7-6-48.1</u> , <u>7-12.1-1143</u> , <u>7-13.1-1143</u> and <u>7-16-5.1</u> .	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

2:33

FILED
JAN 25 2024
BY *ML*

10. This certificate of conversion is filed as an accompanying certificate to: **CHECK ONE BOX ONLY**

- ☐ Business Corporation Articles of Incorporation
☐ Non-Profit Corporation Articles of Incorporation
☒ Limited Liability Company Articles of Organization
☐ Statement of Limited Liability Partnership
☐ Certificate of Limited Partnership
☐ Statement of Limited Liability Limited Partnership

11. Date when this Certificate of Conversion will be effective: **CHECK ONE BOX ONLY**

- ☒ Date received (Upon filing)
☐ Later effective date _____

Under penalty of perjury, we declare and affirm that we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Converting Entity

Life of Reverie

Type or Print Name of Person Signing

Marcel Leconte

Title of Person Signing

Managing Member

Signature



Date

01/25/24

Type or Print Name of Person Signing

Title of Person of Signing

Signature

Date



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 25, 2024 02:33 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

