



COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: KND LLC KND17 LLC  
(Name of Resulting Florida Limited Company)

*Correction KF 3/10/23*

*Please note the articles were submitted this paperwork was forgot to include the check with the post mailing on January 19 2023*

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

KATHY FLEMING  
(Contact Person)  
KND LLC  
(Firm/Company)  
29 POSTWOOD DRIVE  
(Address)  
PALM COAST FL 32104  
(City, State and Zip Code)  
KND1723@YAHOO.COM  
E-mail Address: (to be used for future annual report notifications)

*Correction KF 3/10/23*

For further information concerning this matter, please call:

KATHY FLEMING at ( 757 ) 709 9533  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**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

2023 MAR -9 AM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:  
KND LLC Correctum KND17 KF 3/6/23  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY 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 VIRGINIA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 6-23-2003  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
KND LLC Correctum KND17 KF 3/6/23  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 1-1-2023.  
(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.

**FILED**  
2023 MAR -9 AM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

Signed this 19 day of JANUARY 2023

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Kathy Fleming  
Printed Name: KATHY FLEMING Title: MANAGING MEMBER

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Douglas Fleming  
Printed Name: DOUGLAS FLEMING Title: MANAGING MEMBER

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAR -9 AM 2:14

**FILED**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2023

KATHY FLEMING  
29 POSTWOODDRIVE  
PALM COAST, FL 32154

SUBJECT: KND LLC  
Ref. Number: W23000024027

2023 MAR -9 11 2:22

We have received your document for KND LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F97182.

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.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 723A00004123

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

3/6/1  
Correction KND1744K

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

29 POSTWOOD DRIVE  
PALM COAST, FL 32164

29 POSTWOOD DRIVE  
PALM COAST, FL 32164

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KATHY FLEMING

Name

29 POSTWOOD DRIVE

Florida street address (P.O. Box **NOT** acceptable)

PALM COAST FL 32164

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

Kathy Fleming

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AmBR

mGR

**Name and Address:**

KATHY FLEMING  
29 POSTWOOD DRIVE  
PALM COAST FL 32164

DOUGLAS FLEMING  
29 POSTWOOD DRIVE  
PALM COAST, FL 32164

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

N/A

**REQUIRED SIGNATURE:**

Kathy Fleming

**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

KATHY FLEMING

Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)      \$ 5.00 Certificate of Status (Optional)**

2008 APR -9 AM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FL  
**FILED**