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SECRETARY OF SIAILONS
DIVISION OF CORPORATIONS
OL MAY 20 AM 11: 30



CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The	ame of the unincorporated business immediate	ly prior to filing this document was:
	e date on which and the jurisdiction in which the rwise came into being are: Date: Jurisdiction: If different from the above noted jurisdiction, its conversion:	- - <u>-</u>
THIRD: The organization i		The in the attached articles of COMPAN
(rignature of a Member or an Authorized Representation accordance with section 608.408(3), Florida Statutes, to institutes an affirmation under the penalties of perjury the Rose Typed or Printed Name of Signature o	the execution of this document nat the facts stated herein are true.)
	FILING FEES: \$100.00 Filing Fee for Articles of Or \$ 25.00 Filing Fee for Registered A \$ 25.00 Filing Fee for Certificate of \$ 30.00 Certified Copy (optional)	rganization 3

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

\$ 5.00 Certificate of Status (optional)

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: KELAROCO

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YFL - 32669 (Chy State and Zip Code)

For further information concerning this matter, please call:

TP-at (352) 316-0595 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-	LIABILITY COMPANY
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Compan
Principal Office Address:	Mailing Address:
18313 NW 32 AVE.	SAME
NEWBELLY, FL. 32669	<u>.</u>
The name and the Florida street address of	
The name and the Florida street address of	
The name and the Florida street address of the Name and the Na	of the registered agent are: AR ROSENLUND, TR. Name

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

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 608, Florida Statutes.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MORM	KETTH L. RUSENLUND, JR. MORM 18313 NW 32 AVE SHI NEWBERRY, A. 32669
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Roseveryb JR
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)