43/82/15864

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

Office Use Only

G. MCLEOD

FEB 17 2009

EXAMINER



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Ose.

DIVISION OF CORPORATION

09 FEB 16 PM L: 07

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: KH	MARINA (Name of Resulting	Florida Limited Company	ORT, LLC
	siness Entity" into a "	ticles of Organization, Florida Limited Liabil	and fees are submitted to lity Company" in
Please return all corre	spondence concerning	g this matter to:	
KH M	(Contact Person) ARINE TR (Firm/Company)	PANSPORT	
31050	St Rd 44 (Address)	<u> </u>	
Eusti	ity, State and Zip Code)	32736	
For further information	on concerning this mat	tter, please call:	
Name of Contac	n Hall pet Person)	at (386) (Area Code and Da	804-5241 aytime Telephone Number)
Enclosed is a check for	or the following amou	nt:	
\$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
STREET ADDRESS Registration Section	:	MAILING A	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT: K H Mari	ine Transport LI (Name of Resulting I		mited Co	mpany)	_
The enclosed Certificate convert an "Other Busine accordance with s. 608.4	ess Entity" into a "F				
Please return all correspondence	ondence concerning	this ma	tter to:		
Sarah Hall				•	
(0 K H Marine Transpo	Contact Person) ort LLC.				
(F	Firm/Company)			-	
31050 State Road 44					
	(Address)				
Eustis, Florida 32736	6 State and Zip Code)				
(0.13)	, State and Zip code,				
For further information c	concerning this matt	er, pleas	se call:		
Sarah Hall		_at (35	52) 589 - 1	854 cell# (386)804-5241
(Name of Contact Pe	erson)	(A	rea Code	and Day	ytime Telephone Number)
Enclosed is a check for the	he following amoun	ıt:			
(\$25 for Conversion and	\$155.00 Filing Fees d Certificate of atus		00 Filing ified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301			Registra Division P. O. Be	ation S n of Co ox 632	orporations

SECRETARY OF STATE DIVISION OF CONTORATIONS

09 FEB 16 PM 4: 07

Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

	(Enter Name of Other Business Entity)
2. The "Oth	er Business Entity" is a Sole Proprietorship
	ity type. Example: corporation, limited partnership, sole proprietorship general partnership, common law or business trust, etc.)
first organize	ed, formed or incorporated under the laws of Florida
Ŭ	(Enter state, or if a non-U.S. entity, the name of the country)
on 03/22/07	·
(Enter da	te "Other Business Entity" was first organized, formed or incorporated)
	sdiction of the "Other Business Entity" was changed, the state or country ws of which it is now organized, formed or incorporated:
	e of the Florida Limited Liability Company as set forth in the attached Organization:
K H Marine T	ransport LLC.
	(Enter Name of Florida Limited Liability Company)
5 If not effe	ective on the date of filing, enter the effective date:

Signed this 11th day of February	20_09
Signature of Member or Authorized Representa	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: Sarah Hall	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: Kenneth Hall	
•	
Signature: Sarah Hall	
Printed Name: Sarah Hall	Title: MEMber
Cimpatura	
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Timed Name.	_ ride
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company is:	
K H Marine Transp		
(Must end with the words "Limited "LLC.")	Liability Company," the abbre	viation "L.L.C.," or the designation
ARTICLE II - Address:		
The mailing address and st Liability Company is:	reet address of the princ	cipal office of the Limited
Principal Office Address	<u>.</u>	Mailing Address:
K H Marine Transport LLC		K H Marine Transport LLC.
31050 State Road 44 E.		P.O. Box 2873
Eustis, Florida 32736		Deland, Florida 32721
ARTICLE III - Registere Signature: (The Limited Liability Company ca individual or another business entity with an active Flor	nnot serve as its own Registere	Office, & Registered Agent's d Agent. You must designate an
The name and the Florida	street address of the reg	istered agent are:
Sarah	ı Hall	
	Name	
3105	0 State Road 44 E.	
Florid	a street address (P.O. B	ox NOT acceptable)
Eustis]	FL 32736
	City, State, a	and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGR" = Manager MGRM" = Managing Member	Name and Address:
ordin	•
MGR	Sarah Hall
	31050 State Road 44 E.
	Eustis, Florida 32736
MGR	Kenneth Hall
	31050 State Road 44 E.
	Eustis, Florida, 32736
·	49-1111
	ZTT 44 1 4 1 P
	(Use attachment if necessary)
EV: Effective date, if other that	an the date of filing:
ective date: 1) cannot be prio	on the date of filing: (OPTIONAL) r to nor more than 90 days after the date this
ective date: 1) cannot be prion at is filed by the Florida Departive date listed in the attach sted therein.) REQUIRED SIGNATURE:	(OPTIONAL) r to nor more than 90 days after the date this rtment of State; <u>AND</u> 2) must be the same as ed Certificate of Conversion, if an effective
ective date: 1) cannot be prion at is filed by the Florida Departive date listed in the attach sted therein.) REQUIRED SIGNATURE:	(OPTIONAL) r to nor more than 90 days after the date this rtment of State; <u>AND</u> 2) must be the same as ed Certificate of Conversion, if an effective
ective date: 1) cannot be prior at is filed by the Florida Departive date listed in the attaches ted therein.) REQUIRED SIGNATURE: Signature of a member or a (In accordance with section of this document constitutes)	on the date of filing: (OPTIONAL) r to nor more than 90 days after the date this rtment of State; <u>AND</u> 2) must be the same as ed Certificate of Conversion, if an effective
ective date: 1) cannot be prior at is filed by the Florida Departive date listed in the attachested therein.) REQUIRED SIGNATURE: Signature of a member or a (In accordance with section of this document constitutes that the factor of the section of the section of the section of this document constitutes that the factor of the section of the section of the section of the section of this document constitutes that the factor of the section	(OPTIONAL) r to nor more than 90 days after the date this rtment of State; AND 2) must be the same as ed Certificate of Conversion, if an effective on authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury cts stated herein are true.)
ective date: 1) cannot be prior at is filed by the Florida Departive date listed in the attachested therein.) REQUIRED SIGNATURE: Signature of a member or a (In accordance with section of this document constitutes that the factor of the section of the section of the section of this document constitutes that the factor of the section of the section of the section of the section of this document constitutes that the factor of the section	(OPTIONAL) r to nor more than 90 days after the date this rtment of State; AND 2) must be the same as ed Certificate of Conversion, if an effective on authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
Page 2 of 2