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Certified Copies	Certificates	of Status			
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Special Instructions to Filing Officer:					
L. SELLERS					
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Office Use Only



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# **COVER LETTER**

TO: Registration Section

Division of Corporations	
SUBJECT: K AND P OURTIME, LLC	,
	sulting Florida Limited Company)
	on, Articles of Organization, and fees are submitted to nto a "Florida Limited Liability Company" in
Please return all correspondence cond	erning this matter to:
G. CHUCK TAYLOR	
(Contact Person)	
HARE TAYLOR, LLC	
(Firm/Company	1
2589 JENKS AVENUE	
(Address)	
PANAMA CITY, FL 32405	
(City, State and Zip	Code)
E-mail Address: (to be used for future an	nual report notifications)
For further information concerning th	is matter, please call:
G. CHUCK TAYLOR	at ( 850 ) 763-9635
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following	amount:
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2010

G. CHUCK TAYLOR HARE TAYLOR, LLC 2589 JENKS AVENUE PANAMA CITY, FL 32405

SUBJECT: K AND P OURTIME, LLC

Ref. Number: W10000046529

We have received your document for K AND P OURTIME, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate 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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 710A00023562

Member American Institute of Certified Public Accountants Member Florida Institute of Certified Public Accountants Member Alabama Society of Certified Public Accountants

November 3, 2010

Ms. Leslie Sellers Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

K AND P OURTIME, LLC

W10000046529

Ms. Sellers:

We have reviewed your correspondence dated October 5, 2010 which is enclosed herewith. In accordance with your instructions therein, we have obtained the requisite signature and submit herewith the corrected documents for your continued processing.

If you have any questions, or if I can be of further assistance, please do not hesitate to contact me.

Respectfully,

G. Chuck Tayor, CPA

## **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.

	Conversion is: ETIME, LLC			
(Enter Name of Other Business Entity)				
2. The "Other	Business Entity" is alimited liability company			
<b>(E</b>	nter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
first organized	formed or incorporated under the laws of Kentucky			
	Enter state, or if a non-U.S. entity, the name of the country)			
on 08/29/07				
	"Other Business Entity" was first organized, formed or incorporated)			
3. If the jurisd				
•	iction of the "Other Business Entity" was changed, the state or country of which it is now organized, formed or incorporated:			
under the laws	of which it is now organized, formed or incorporated:  f the Florida Limited Liability Company as set forth in the attached			
under the laws  4. The name o	of which it is now organized, formed or incorporated:  f the Florida Limited Liability Company as set forth in the attached ganization:			
4. The name o	of which it is now organized, formed or incorporated:  f the Florida Limited Liability Company as set forth in the attached ganization:			

Page 1 of 2

Signed	this <u>27</u>	_day of _	Sept	20 <u>JD</u>	
Signat	ure of Membo	er or Autl	orized Repres	entative of Limited Liab	ility Company:
Signati Printed	are of Member	or Autho	rized Represent	ntive: Urlliam T D. Title: MANAGIN	6 MEMBER
Signate	ure(s) on beha	lf of Othe	r Business Entit	y: [See below for require	ed signature(s).]
Signatu Printed	nre:   Ville	en I.	Soul M.D.	Title <b>MANAG</b> NG	Member
Signatu	ıre:				
Printed	Name:			Title:	
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Printed	re: Name:			Title:	
	ida Corporations		airman, Director,	or Officer	
				Incorporator must sign.	
	ida General Pa tre of one Gene			bility Partnership:	
	ida Limited Pa res of <u>ALL</u> Ge			bility Limited Partnershi	p:
All oth Signatu	ers: re of an author	ized perso	n.		
Fees:					
	Certificate of Fees for Florid Certified Copy Certificate of	da Articles y:	n: s of Organizatio	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### K AND P OURTIME, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "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:** 

## 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:

Name
1404 Connecticut Ave.
Florida street address (P.O. Box NOT acceptable)

Lynn Haven FL 32444

City State and Zin

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..

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
<del>.</del>	Dee Ann Krueger Revocable Living Trust  11 Sugar Bowl Lane Pensacola Beach, FL 32561				
MGRM_	Rebecca Paul Living Trust Po Box 705 Crofton, Ky 42217				
	Devin Paul 1404 Connecticut Avenue Lynn Haven, FL 32444				
	Wendy Paul PO Box 705 Crofton, KY 42217 (Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing: 10/9/10 (OPTIONAL)  (The effective date: 1) cannot be prior to nor more than 90 days after the date this					
document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)					
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.)					
William L. PAU M.D.  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)