

L11000123944

(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:

W1100055227

Office Use Only



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10/27/11--01015--006 **150.00

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11 OCT 31 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 31 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2011

BRETT A. MOREY
1505 BLACK BEAR AVE.
LAKE PLACID, FL 33852

SUBJECT: THE KALEO GROUP, LLC
Ref. Number: W11000055227

We have received your document for THE KALEO GROUP, 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):

The Florida Statutes prohibits a Florida non-profit corporation from being a party in a conversion. A Florida non-profit corporation may be a party in a merger; however, the Florida non-profit corporation must be the surviving entity.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 711A00024629

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1505 Black Bear Avenue
Lake Placid, Florida 33852
Phone: 863.441.2390
<http://www.kaleogroup.com>

October 31, 2011

Deborah Bruce
Regulatory Specialist II
Division of Corporations
Florida Department of State
P.O. BOX 6327
Tallahassee, Florida 32314

Dear Deborah:

Per our telephone discussion I am sending a copy of my Articles of Organization for the formation of **The Kaleo Group, LLC**. I used the online filing system on SunBiz.org to dissolve the non profit corporation **The Kaleo Group, Inc.** which will immediately cease to exist. As Director and President of the non profit corporation I authorize the use of the name for the new Limited Liability Company.

I have a \$150.00 credit and request to use \$125.00 toward the filing of the new Articles of Organization and would like to have the remaining \$25.00 refunded to: **Brett A. Morey** and sent to **1505 Black Bear Ave., Lake Placid, Florida 33852**.

If you should need to contact me you can reach me at (863) 441-2390.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brett A. Morey', is written over the printed name.

Brett A. Morey

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Kaleo Group, LLC.

(Name of Resulting Florida Limited Company)

The enclosed Certificate 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. 608.439, F.S.

Please return all correspondence concerning this matter to:

Brett A. Morey

(Contact Person)

The Kaleo Group

(Firm/Company)

1505 Black Bear Ave.

(Address)

Lake Placid, Florida 33852

(City, State and Zip Code)

brett@kaleogroup.com

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Brett A. Morey

(Name of Contact Person)

at (863) 441-2390

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,
Certified Copy, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Kaleo Group, 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:

1505 Black Bear Ave.
Lake Placid, Florida 33852

Mailing Address:

1505 Black Bear Ave.
Lake Placid, Florida 33852

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:

Brett A. Morey

Name

1505 Black Bear Ave.

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

Lake Placid

FL 33852

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGRM

Brett A. Morey

1505 Black Bear Ave.

Lake Placid, Florida 33852

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(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 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. 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.817.15(4)(a), Florida Statutes.)

Brett A. Morey

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA