# L1200012413

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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OCT - 3 2012
EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Kelco/FB Tallahassed	e, LLC
	of Resulting Florida Limited Company)
"Other Business Entity" into a "Florida l	Articles of Organization, and fees are submitted to convert an Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concern	ning this matter to:
Keith Stolzenberg, Esq.	
(Contact Person)	
Stolzenberg, Gelles & Flynn, LLP	
(Firm/Company)	
1401 Brickell Avenue, Suite 825	
(Address)	
Miami, FL 33131	
(City, State and Zip Code	e)
kstolzenberg@sgfcounsel.com	
E-mail address: (to be used for future annual repo	ort notifications)
For further information concerning this r	natter, please call:
Keith Stolzenberg	at ( 305 ) 961-1450
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following am	iount:
\$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 and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS: Registration Section
Registration Section	
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee FI 32314
Tallahassee, FL 32301	

#### **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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certif	icate of	f	
Conversion is:			
Kelco/FB Tallahassee LLC MOU-334.	i		
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a Delaware limited liability company.			
(Enter entity type. Example: corporation, limited partnership,			
general partnership, common law or business trust, etc.)			
first organized, formed or incorporated under the laws of <b>Delaware</b>			
(Enter state, or if a non-U.S. entity, the name of the country)	_		
on 8/12/1999 .			
(Enter date "Other Business Entity" was first organized, formed or incorp	orated	i)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country un	der the	laws c	of
which it is now organized, formed or incorporated:		130	144 A.
	2		
<u>N.A.</u>	ŠŽ	2	,
	Fi⊊.	-TW	[]
4. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of	DK:	Carried Street, or other Party of the Party
Organization:	SZ	**	74.
Valar/CD Tallahanna III O		ijo O	
Kelco/FB Tallahassee, LLC	·-		
(Enter Name of Florida Limited Liability Company)			
5. If not effective on the date of filing, enter the effective date: <u>Date of filing</u> . (The effective date: 1) cannot be prior to nor more than 90 days after the date this filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective of			the
attached Articles of Organization, if an effective date is listed therein.)			
6. The conversion is permitted by the applicable law(s) governing the other business entire conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting			ion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction	under v	which i	t is

currently organized, formed or incorporated.

Signed this 29 day of Augu	2012.	
	oresentative of Limited Liability Company ated in this document are true. Any false infeed for in s.817.155, F.S.	
Signature of Member or Authorized Repres Printed Name: Kelley D. Slay		
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	ntity: Individual(s) signing affirm(s) that the tion constitutes a third degree felony as proventure(s).]	ne facts stated in vided for in
Signature: Printed Name: Kelley D. Slay	Title: Managing Member	<del></del>
Signature: Printed Name: Kelly A. Slave	Title: Managing Member	_ _
Signature: Printed Name. Richard J. Spillett	Title: Managing Member	<del>-</del>
Signature: Jacqueline W. Spillett Signature:	Title: Managing Member	<del>-</del> .
Signature: Printed Name: Signature:	Title:	<u> </u>
Printed Name:  If Florida Corporation:		<del>_</del>
Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	2412 OCT
All others: Signature of an authorized person.		DCT-2
Fees:		FST I
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2	TATE ORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Kelco/FB Tallahasee, LLC (Must end with the words "Limited Liability Company, the abbreviation of the company o	ion "L.L.C." or the designation "LLC.")			
ARTICLE II - Address: The mailing address and street address of the princi				
Principal Office Address:	Mailing Address:			
1020 Oriental Gardens Road  Jacksonville, FL 32207	1020 Oriental Gardens Road  Jacksonville, FL 32207			
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)				
The name and the Florida street address of the regis	tered agent are:			
Kelley D. Slay				
Na	nme			
1020 Oriental Gardens	Road			
Florida street address (P.C	D. Box NOT acceptable)			
Jacksonville	FL 32207			
City, Sta	te, and Zip			
	am familiar with and accept the obligations of my			
Registered Ager	at & Signature (REQUIRED)			
(CO	NTINUED)			
Pag	e1of2			

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	ember
MGRM	Kelley D. Slay
	1020 Oriental Gardens Road
	Jacksonville, FL 32207
MGRM	Kelly A. Slay
- Total	1020 Oriental Gardens Road
	Jacksonville, FL 32207
	Jacksonvine, FL 32207
MGRM	Richard J. Spillett
	1020 Oriental Gardens Road
	Jacksonville, FL 32207
MGRM	Jacqueline W. Spillett
	1020 Oriental Gardens Road
	Jacksonville, FL 32207
(Use attachment if necessate ARTICLE V: Effective date, if	other than the date of filing:
	(OPTIONAL)
	e prior to nor more than 90 days after the date this document is filed by te; <u>AND</u> 2) must be the same as the effective date listed in the attached effective date listed therein.)
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
the penalties of perjury that the	.408(3), Florida Statutes, the execution of this document constitutes an affirmation under facts stated herein are true. I am aware that any false information submitted in a State constitutes a third degree felony as provided for in s.817.155, F.S.)
Kellev D. Slav	. MGRM
	Typed or printed name of signee
	Page 2 of 2