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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ⁷ /
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE
ANALYSES OF STATE

FEB 1 8 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kinberly De Jesus Support Services 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:
Kinberry DeJesus (Contact Person)
Kinberry Delesus Support Services LLC
3421 2nd Auc SE
(Address)
(City, State and Zip Code)
E-mail address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (808) 154-3305 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and Certificate of Status

STREET ADDRESS:

& \$125 for Articles

of Organization)

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

Status

MAILING ADDRESS:

Certificate of Status

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



January 2, 2014

KIMBERLY DEJESUS 3421 2ND AVE SE NAPLES, FL 34117

SUBJECT: KIMBERLY DEJESUS SUPPORT SERVICES LLC

Ref. Number: W1400000154

We have received your document for KIMBERLY DEJESUS SUPPORT SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6051.

Letter Number: 814A00000046

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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



This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Hawaii
(Finter state or if a non-U.S. entity the name of the country)
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company) 40 2/14/14
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 214113 FCD, 14, 2014 (The effective date: 1) cannot be prior to date of receipt or filed date 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 Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

Signed this 14 day of FCbeva e.	20 14.
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Ywo	berly by kaw Title: President
Signature(s) on behalf of Other Business Entity:	
Signature: Kimberly Deposition Sprinted Name: Kimberly Deposit	Tieles TRO as de la
	This: AT RAIL COME
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tirle
Signature: Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liability	corporator must sign.
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles 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 Liability Company is:

Kinberly (Muss end)	Dejesus	Support	Service	LLC
(Must end	with the words "Lim	ited Liability Compa	ny, "L.L.C.," or "LLC.	ຶ່ງ
ARTICLE II - Address		of the mineinal	affice of the T imi	ited Liability Company is:

Principal Office Address:	Mailing Address:
3421 2nd Ave SE Vaples FL 34117	3421 2nd Are SE
Cholon FL 34117	Navles FC 34117

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 emother business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Vinbly De Vaus
Name

3421 2nd Ave SE

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

Maple FL 34117City 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR.	Visitable Trassil
1.12.5	3-121 2nd Ar Sx
	Navles KC 34117
•	
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Page 2 of 2