L14000073265

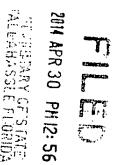
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 11, 2014

GLADYS DEL VALLE P O BOX 54573 JACKSONVILLE, FL 32224

SUBJECT: KALUZDA LLC Ref. Number: W14000023209

We have received your document for KALUZDA 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Sections 607.1113, 605.0203, 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 an authorized representative. 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) 245-6051.

Letter Number: 714A00007868

Deborah Bruce Regulatory Specialist II

COVER LETTER

| TO: Registration S Division of C | | | | | | | |
|--|--|--|-----------------------------|--|--------------|--------|------------------------|
| SUBJECT: Kaluzd | a Corp | | | | | | |
| | (Name | of Resulting Florida | Limite | ed Company) | - | | |
| | | | | d fees are submitted to c ccordance with s. 605.10 | | "Othe | :r |
| Please return all corr- | espondence concernin | g this matter to: | | | | | |
| Gladys Del Valle | | | | | | | |
| | (Contact Person) | | | | | | |
| MBA Group Profes | sional LLC | | | | | | |
| | (Firm/Company) | | | | | | |
| P O Box 54573 | | | | | | | |
| | (Address) | | | | | | |
| Jacksonville FL 3 | 2224 | | | | | | |
| (0 | City, State and Zip Code) | | | | ***** | | |
| mbagladys@att.ne | t | | | | 12 | 2014 | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | | ă. | A | 7 |
| For further informati | on concerning this ma | tter, please call: | | | 1385 1385 | APR 30 | Marine Francis M |
| G. Del Valle | | _at (904) | 442 | 5592 | mic. | | |
| (Name of Conta | ct Person) | (Area Code) | (Day | time Telephone Number) | HE S | PH 12: | Part and |
| Enclosed is a check f | or the following amou | int: | | | io. | 56 | 40,11 |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | □\$180,00 Fifing I and Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | | | |
| STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323 | ions er Circle 01 | Registra Division P. O. Bo Tallahas | ation S n of C ox 632 | Corporations | | | |
| · · · · · · · · · · · · · · · · · · · | The state of the s | | | | | | |

INHS11 (02/14)

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles 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 the Articles of Kaluzda Corp | Convers | ion is | : |
|---|----------------------|----------|-----|
| (Enter Name of Other Business Entity) | | | |
| 2. The "Other Business Entity" is a Corporation \(\frac{1000016756}{}{} \). | | | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | | | |
| First organized, formed or incorporated under the laws of Florida | | | |
| 02/23/2010 (Enter state, or if a non-U.S. entity, the name | of the cou | intry) | |
| (date of organization, formation or incorporation) | | | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of | of Orga | nizatio | n: |
| Kaluzda LLC | | | |
| (Enter Name of Florida Limited Liability Company) | | | |
| 4. If not effective on the date of filing, enter the effective date | | 2014 | |
| (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 date this document is filed by the Florida Department of State; AND 2) must be the same | | ~~~ | ive |
| date listed in the attached Articles of Organization, if an effective date is listed therein.) | 1385 A&§ | 30 | - |
| 5. The plan of conversion has been approved in accordance with ss. 605.1041-605:1046: | 7765 7771 7765 | PH | |
| | 32 | PH 12: 5 | |
| Page 1 of 2 | 17: | 9, | |

| Signed this 24 day of March | |
|---|--|
| Signature of Authorized Representative of Lam | |
| Signature of Authorized Representative: Printed Name: Luz D Suarez | Title: President |
| Signature(s) up behalf of Other Business Entity: | [See below for required signature(s).] |
| Signature: 503/ 1) Stucces V. | |
| Signature: SUZD Succes P. Printed Name: NUZ D Suare 2/ | Title: <u>President</u> |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| 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 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. | |
| <u>Fees:</u> | • |
| Articles 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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: |
|---|
| Kaluzda LLC |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "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: |
| 5388 NW MARA CT |
| PORT SAINT LUCIE, FL 34986 |
| 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: |
| Luz D Suarez Name |
| |
| 5388 NW MARA CT |
| Florida street address (P.O. Box NOT acceptable) |
| Port Saint Lucie FL 34986 |
| City 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



| Company: | | | |
|--|--|--|---|
| Title: | | Name and Address: | |
| "AMBR" = Author | | | |
| "MGR" = Manager AMBR | • | Luz D Suarez | |
| MIDIA | - | 5388 NW Mara Ct | |
| | | Port Saint Lucie FL 34986 | |
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| (Use attachment if | necessary) | | |
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