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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2014

MARY STEWART CPA 4456 TAMIAMI TRAIL A7 PORT CHARLOTTE, FL 33980

SUBJECT: KETTERS LAND DEVELOPMENT, INC.

Ref. Number: P99000089210

We have received your document for KETTERS LAND DEVELOPMENT, INC. 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 filings its annival reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 014A00004671

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: KETTERS LAND DEVELOPMENT 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Mary G Stewar	t CPA	, 	
	(Contact Person)		
Mary G Stewar	t CPA PA		
	(Firm/Company)		
4456 Tamiami	Trail A7		
	(Address)		
Port Charlotte,	FL 33980		
(1	City, State and Zip Code)		
Mary1@ptchar	lottecpa.com		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Mary G Stewar	t	_{at (} 941 ₎ 2	58-3191
(Name of Conta	ect Person)		Daytime Telephone Number)
Enclosed is a check t	for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	s \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING	G ADDRESS:
Registration Section		Registratio	on Section
Division of Corporat	ions	Division o	f Corporations
Clifton Building		P. O. Box	6327
2661 Executive Cent	er Circle	Tallahasse	e, FL 32314
Tallahassee, FL 323			-

INHS11 (01/14)

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.

KETTERS LAND DEVELOPME	(Enter Name of Other Business Entity)	············
2. The "Other Business	s Entiry" is a S CORPORATION	
2. The One business	(Enter entity type. Example: corporation, limited partner general partnership, common law or business trust, etc.	
First organized formed	for incorporated under the laws of FLORIDA	
9 <u>-</u> 1_2009	(Enter state, or if a non-U.S. entity	; the name of the country)
	ormation or incorporation)	
(The effective date: 1) date this document is t	ne date of filing, enter the effective date:) cannot be prior to date of receipt or filed date nor more filed by the Florida Department of State; AND 2) must be ched Articles of Organization, if an effective date is listed	e the same as the effective
		046 ALLARY SECRETARY
5. The plan of conversion	on has been approved in accordance with ss. 605.1041-605.1	

Signed this 2nd day of 4e	b 20 (4
•	ative of Limited Liability Company:
Signature of Authorized Representati Printed Name: ROBERT KETTER	ve: Keitte Title: MGMR
	ness Entity: See below for required signature(s).
Signature: Robert Kettle Printed Name: ROBERT KETTER	Title: PRESIDENT
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman If Directors or Officers have not been s	
If Florida General Partnership or Li Signature of one General Partner.	mited Liability Partnership:
If Florida Limited Partnership or Li Signatures of ALL General Partners.	mited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fces:	

Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: MAISTE AUTOMOTE STORE THE STORE THE

\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

と発言される。

ARTICLE I - Name: The name of the Limited Liability Company is:		
KETTERS LAND DEVELOPMENT LLC		
(Must end with the words "Limited I iabili	ity Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
31402 CREEK TRAIL	31402 CREEK TRAIL	
PUNTA GORDA, FL 33982	PUNTA GORDA, FL 33982	
		
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent. You must designate	
ROBERT KETTER		
Name	2	
31402 CREEK TRAIL		
Florida street address (P.O.	. Box <u>NOT</u> acceptable)	
PUNTA GURDA	FL 33982	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign (CONTIN)	this certificate, I hereby ity. I further agree to con	accept the appointment as apply with the provisions of all
(CONTIN	UED)	97 N

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR — Manager	ROBERT KETTER
	31402 CREEK TRAIL
	PUNTA GORDA, FL 33982
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business day
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CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member in accordance with section 605.0203 (1) onstitutes an affirmation under the pena	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true.
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CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of States.
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	r or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of States ided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	r or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of States ided for in s.817.155, F.S.)
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member o	r or an authorized representative of a member 1) (b), Florida Statutes, the execution of this document is of perjury that the facts stated herein are try bmitted in a document to the Department of State ided for in s.817.155, F.S.)
E V: Effective date, if other than the ective date is listed, the date must lays after the date of filing.) E VI: Other provisions, if any. Signature of a member accordance with section 605.0203 (I stitutes an affirmation under the penal aware that any false information substitutes a third degree felony as proving the entire of the entire in the en	r or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of States ided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must of days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of States ided for in s.817.155, F.S.) (c) (d) (e) (e) (f) (f) (f) (f) (f) (f

ARTICLE IV-

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