# 114000082217

(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:

Office Use Only



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04/28/14--01013--005 \*\*150.00

FILED 14 MAY 20 PM 3: 0.

MAY 2 1 2014 T. BROWN

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### **COVER LETTER**

T <b>@</b> :	Registration S Division of C				<b>3</b>	
SUBJ	JECT: SVETL	ANA A KNIGHT, LL	С			
		(Name	of Resulting Florida	Limite	d Company)	
					d fees are submitted to con ccordance with s. 605.1045	
Please	e return all corre	espondence concernin	g this matter to:			
SVE	TLANA A KNI	GHT				
		(Contact Person)		-		
SVE	TLANA A KNI	GHT LLC				
		(Firm/Company)				
2905	BILOXI TRAI	L				
		(Address)				
MIDE	DLEBURG, FL	. 32068				
	((	City, State and Zip Code)		•		
ERIK	(@WEHNERF	INANCIAL.COM				
E-r	nail Address: (to b	e used for future annual re	port notifications)	-		
For fu	ırther informati	on concerning this ma	tter, please call:			
ERIK	( J WEHNER I	EA	_at (904	,276	-7686	
	(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)	
Enclo	sed is a check f	for the following amou	ınt:			
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRI	EET ADDRES	S:	MAIL	ING A	ADDRESS:	
_	tration Section	_			Section	
	ion of Corporati	ions	Divisio P. O. B		Corporations	
CIIIto	n Building		P. O. B	OX O3.	<i>L1</i>	

Tailahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



May 5, 2014

SVETLANA A KNIGHT 2905 BILOXI TRAIL MIDDLEBURG, FL 32068

SUBJECT: SVETLANA A KNIGHT, LLC

Ref. Number: W14000028153

We have received your document for SVETLANA A KNIGHT, 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):

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.

Teresa Brown Regulatory Specialist II

www.sunbiz.org

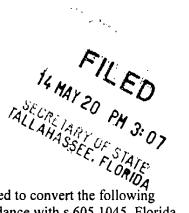
Letter Number: 514A00009508

# 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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: VETLANA KNIGHT PA
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a CORPORATION, PA
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of FLORIDA
on	04/30/13 (Enter state, or if a non-U.S. entity, the name of the country)
OI.	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
S	VETLANA A KNIGHT, LLC
	(Enter Name of Florida Limited Liability Company)
(T	If not effective on the date of filing, enter the effective date:  he effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the te this document is filed by the Florida Department of State; AND 2) must be the same as the effective te 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 24TH day of APRIL	_20_14
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative of Limit Signature of Authorized Representative: Printed Name: SVETLANA A KNIGHT	Lawa KingUf  Title: MGMBR/OFFICER
Signature(s) on behalf of Other Business Entity:	
Signature: <u>Sellana</u> Knight Printed Name: <u>SVETLAWN A KNIGHT</u>	4
Printed Name: SVETLAWN A KNIGHT	Title: DERECTOR
Signature:	
Printed Name:	_Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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:	
SVETLANA A KNIGHT LLC	
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
·	
Principal Office Address:	Mailing Address:
2905 BILOXI TRAIL	SAME
MIDDLEBURG, FL 32068	OAME
ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the register	red Agent. You must designate an individual or another
ERIK J WEHNER EA	
Name	
515 COLLEGE DR	
Florida street address (P.O.	Box NOT acceptable)
MIDDLEBURG	FL 32068
City	Zip
TT	

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR Manager	SVETLANA A KNIGHT
	2905 BILOXI TRAIL
	MIDDLEBURG, FL 32068
<del></del>	
(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 days
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) CLE VI: Other provisions, if any.	be specific and cannot be more than five business days
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CLE V: Effective date, if other than the effective date is listed, the date must 20 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.  1) abmitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member am aware that any false information surpostitutes a third degree felony as provenillars.	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. Ibmitted in a document to the Department of State ided for in s.817.155, F.S.)
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Page 2 of 2