(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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	WI	4-59332

Office Use Only



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September 29, 2014

DUNCAN Z.S.M. GACHOKA P.O. BOX 454 LITHIA, FL 33547

SUBJECT: CHED OF MARYLAND LLC

Ref. Number: W14000059332

We have received your document for CHED OF MARYLAND LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

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.

Agnes Lunt Regulatory Specialist II

Letter Number: 614A00020800

COVER LETTER

Division of Corporations	
SUBJECT: CHE'S OF MARYLAND LLC	
SUBJECT: CHED OF MARYLAND LL C (Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convenience Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, Please return all correspondence concerning this matter to:	
DUNCAN Z.S.M. GACHOKA	
DUNCAN Z.S.M. GACHOKA (Contact Person)	
CHES OF MARYLAND, LLC	
CHES OF MARYLAND, LLC (Firm/Company)	2
P.O. Box 454 (Address) LITHIA FL. 33547 (City, State and Zip Code)	2814 NOW -7
(Address)	9.7
LITHIA FL. 33547	
(City, State and Zip Code)	6. 6. 6.
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
(Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status of Organization) \$150.00 Filing Fees and Certified Copy \$185.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	

Tallahassee, FL 32301

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 the DF MARYLAND LLC	of Convei		::
(Enter Name of Other Business Entity)		H NGE	appet 1
2. The "Other Business Entity" is a LL, C.			
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		£H 6:	
First organized, formed or incorporated under the laws of MARYLAND. (Enter state, or if a non-U.S. entity, the nar			
on Tanuary 25th 2001 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Article CHES OF MARYLAND LLC			on:
(Enter Name of Florida Limited Liability Company)			
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 9 date this document is filed by the Florida Department of State; AND 2) must be the sa date listed in the attached Articles of Organization, if an effective date is listed therein	ime as th		
5. The plan of conversion has been approved in accordance with all applicable statutes.			

Page 1 of 2

	' '		
Signed this 15th day of SEPTEMBER	_ 20 <u> 4</u> .		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Duncan 2.5.M. GACHOKA	Title: MANAGING PARTNER		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).		
Signature: Mwang' Printed Name: EVELYN M. MWANG	1 Title: PAATNER		
<u> </u>	The state of the s	<u> 25</u>	22
Signature:		T ()	7 :
Signature:	_ Title:	<u> </u>	2814 NO#
Signature:		ကြည်း တ	-7
Signature:Printed Name:	Title:	173	Sir
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Signature:Printed Name:	Tisla		
Trinted Name.		# 3 #17 # 13 #	9
Signature:			
Signature:Printed Name:	_ Title:		
Signature			
Signature:Printed Name:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty 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

CHED OF MARYLAND LLC (Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")		N 1153	E-cox
ARTICLE II - Address: The mailing address and street address of the principal address and street	ipal office of the Limited Liability Company is:	AHASS	福 - 7	, eg
Principal Office Address:	Mailing Address:	177 e.u. 177 e.u. 178 e.u.	T	f ·
596 FISHHAWK VIEW DR. LITHIA, FL 33547	P.O. Box 454 LITHIA, FL. 33547		8: 49	*.

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

DUNCAN Z.S.M., GACHOKA

Name

15961 FISHHAWK VIEW DR.

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

LITHIA FL 33547

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	DUNCAN Z.S.M. GACHOKA 65
	15961 FISHHAWK VIEW DR.
	LITHIA FL. 33547
	The state of the s
AMBR	EVELYN M. MWANGI
	15961 FISHHAWK VIEW DR.
(Use attachment if necessary) LE V: Effective date, if other than fective date is listed, the date may of filing.)	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 to
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