# LISONOSSIYO

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

Office Use Only



900272334379

05/07/15--01037--010 \*\*150.00

MIS HAY -7 PM 1:59

WAY 1.9 2015 BRUCE

### **COVER LETTER**

TO: Registration S Division of C				
SUBJECT: K	EVIP GARGA	A NO LLC of Resulting Florida Limite	ed Company)	
			nd fees are submitted to cocordance with s. 605.10	
Please return all corre	espondence concerning	g this matter to:		
KEVIN G	ARGANO (Contact Person)			
7464 BL	(Firm/Company)  AIPE WAY  (Address)			•
	(Address)  A FL 34231  City, State and Zip Code)			SECRETA ALLAHA
katorino3@	•			SSEE -7
E-mail Address: (to be	e used for future annual repon concerning this mat	,		PH 1:5
KEVIP GARGA (Name of Conta		at ( 971 ) 5	44 – 4700 rtime Telephone Number)	<b>3 6</b>
Enclosed is a check for	or the following amou	nt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	

# STREET ADDRESS:

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

# MAILING ADDRESS:

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

# **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 Conversion is:  KEVIN GARGANO INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION P1300 OD 73234 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws ofFLORIDA
(Enter state or if a non II S entity the name of the country)
on 9/4/2013 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
KEVIN GARGANO LLC
(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 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.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 5th day of MAY	20_1 <b>.5</b>	
Signature of Authorized Representative of Lim	ited Liability Company:	
Ke Kentania Banana Ke	vir De-	
Signature of Authorized Representative:  Printed Name: KEVIN GARGANO	Title: PRESIDENT	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Dun M. Dargan	0	
Printed Name: Keun M. SARSAN	veritle: INER	
Signature:		
Printed Name:	Title:	
Signature: Printed Name:	Title	
Signature: Printed Name:	#NA .	
Printed Name:	) Itie;	
Signature: Printed Name:		
Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In	corporator must sign.	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ity Limited Partnership:	
All others: Signature of an authorized person.		2015
Fees:		HASSE T
Articles of Conversion:	And an	1 1 L
Fees for Florida Articles of Organization	\$25.00 \$125.00	THE STATE
Centified CODA:	\$30.00 (Optional)	25 = -
Certificate of Status:	\$5.00 (Optional)	97 5

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KEVIN GARGANO L (Must end with the words "Lim	LC nited 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:
7464 BLAINE WAY	7464 BLAINE WAY
SARASOTA, FL 34231	SARASOTA FL 34231

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

business entity with an active Florida registration.)

**ARTICLE I - Name:** 

KEVIN GARGAL	10	
Nar	ne	
7464 BLAINE	WAY	
Florida street address (P.	O. Box <u><b>NO</b></u>	T acceptable)
SARA SOTA	FL	34231
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 MGR  MGR  WEVIN GARGANO 7464 BAINE WAY SARASOTA, FL 34231  (Use attachment if necessary)  CTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five but or 90 days after the date of filing). Ell the date inserted in this block does not meet the applicable statutory filing requirements, this date with unent's effective date on the Department of State's records.  CTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE: Signature of a member or an authorized representative of a meml (In accordance with section 605.0205 (3), Florida Statutes, the execution of this doe constitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of Sconstitutes a third degree felony as provided for in s.817.155, F.S.)  KEVIN GARGANO Typed or printed name of signee	
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	<del></del>
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a meml (In accordance with section 605.0205 (3), Florida Statutes, the execution of this doc constitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in service of a provision of the service of a provision of the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in this degree felony as provided for in s.817.155, F.S.)  **EVIN GARGANO** Typed or printed name of signee**	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a mem!  (In accordance with section 605.0205 (3), Florida Statutes, the execution of this docconstitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in the penalties of perjury that the facts stated herein are I constitutes a third degree felony as provided for in s.817.155, F.S.)    XEVIN GARGANO Typed or printed name of signee	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a mem!  (In accordance with section 605.0205 (3), Florida Statutes, the execution of this docconstitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in the penalties of perjury that the facts stated herein are I constitutes a third degree felony as provided for in s.817.155, F.S.)    XEVIN GARGANO Typed or printed name of signee	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a mem!  (In accordance with section 605.0205 (3), Florida Statutes, the execution of this docconstitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in this degree felony as provided for in s.817.155, F.S.)    XEVIN GARGANO Typed or printed name of signee	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a mem!  (In accordance with section 605.0205 (3), Florida Statutes, the execution of this docconstitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in this degree felony as provided for in s.817.155, F.S.)    XEVIN GARGANO Typed or printed name of signee	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a mem!  (In accordance with section 605.0205 (3), Florida Statutes, the execution of this docconstitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in this degree felony as provided for in s.817.155, F.S.)    XEVIN GARGANO Typed or printed name of signee	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a mem!  (In accordance with section 605.0205 (3), Florida Statutes, the execution of this docconstitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in this degree felony as provided for in s.817.155, F.S.)    XEVIN GARGANO Typed or printed name of signee	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a mem!  (In accordance with section 605.0205 (3), Florida Statutes, the execution of this docconstitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in the penalties of perjury that the facts stated herein are I constitutes a third degree felony as provided for in s.817.155, F.S.)    XEVIN GARGANO Typed or printed name of signee	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a mem!  (In accordance with section 605.0205 (3), Florida Statutes, the execution of this doc constitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in this degree felony as provided for in s.817.155, F.S.)    XEVIN GARGANO Typed or printed name of signee	
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a mem!  (In accordance with section 605.0205 (3), Florida Statutes, the execution of this doc constitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State in this degree felony as provided for in s.817.155, F.S.)    XEVIN GARGANO Typed or printed name of signee	<del></del>
Signature of a member or an authorized representative of a member (In accordance with section 605.0205 (3), Florida Statutes, the execution of this docconstitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of Sconstitutes a third degree felony as provided for in s.817.155, F.S.)  **EVIN GARGANO** Typed or printed name of signee*	will not be listed
Signature of a member or an authorized representative of a member of accordance with section 605.0205 (3), Florida Statutes, the execution of this documentation and a member of section and a member of a member of statutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of Section 5.817.155, F.S.)  **EVIN GARGANO**  Typed or printed name of signee	<u> </u>
(In accordance with section 605.0205 (3), Florida Statutes, the execution of this docconstitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of Sconstitutes a third degree felony as provided for in s.817.155, F.S.)  **EVIN GARGANO**  Typed or printed name of signee	ESCIARY LAHASSE
I am aware that any false information submitted in a document to the Department of Stronstitutes a third degree felony as provided for in s.817.155, F.S.)   **EVIN GARGANO**  Typed or printed name of signee	−ार्ग=
Typed or printed name of signee	ociiment 🐣
	ocument retrie.
#7181 #7	ocument retrie.
<u>Filing Fees</u> \$125.00 Filing Fee for Articles of Organization and Designation of Register	ocument retrie.
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Op	ocument = street = 5

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-