L15000123063

(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

300262387483

05/22/15--01001--011 **97.50

07/28/14--01058--010 **52.50

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15 JUL 20 PM 4:11
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

JUL 23 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KULANGARA FAMILY LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles 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:

JAMES M KULANGARA
(Contact Person)

KULANGARA FAMILY LLC
(Firm/Company)

915 HICKORY FORK DR
(Address)

SEFFNER FL 33584
(City, State and Zip Code)

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

JAMES M KULANGARA at (813) 760-7942
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

■ $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

INHS11 (02/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2015

KULANGARA FAMILY LIMITED PARTNERSHIP I
915 KICKORY FORK DRIVE
SEFFNER, FL 33584

SUBJECT: KULANGARA FAMILY LLC
Ref. Number: W15000022308

We have received your document for KULANGARA FAMILY 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.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 415A00010814

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15 JUL 20 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2015

KULANGARA FAMILY LIMITED PARTNERSHIP I
915 KICKORY FORK DRIVE
SEFFNER, FL 33584

SUBJECT: KULANGARA FAMILY LLC
Ref. Number: W15000022308

We have received your document for KULANGARA FAMILY LLC and check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of $97.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 115A00006359

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15 JUL 20 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Conversion is:
KULANGARA FAMILY LIMITED PARTNERSHIP I A03000001162
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LP.
(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
(Enter state, or if a non-U.S. entity, the name of the country)
on 08/15/2003.
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization:**
KULANGARA FAMILY 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.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

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Signed this 7TH day of APRIL 2015.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: JAMES M KULANGARA Title: MGRM

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____
Printed Name: JAMES M KULANGARA Title: GENERAL PARTNER

Signature: _____
Printed Name: JULIA M JAMES Title: PARTNER

Signature: _____
Printed Name: JENEY S JAMES Title: PARTNER

Signature: _____
Printed Name: JEMIE M JAMES Title: PARTNER

Signature: _____
Printed Name: JONATHAN M JAMES Title: PARTNER

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:
Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:
Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:
Signatures of **ALL** General Partners.

All others:
Signature of an authorized person.

Fees:

Articles of Conversion:	$25.00
Fees for Florida Articles of Organization:	$125.00
Certified Copy:	$30.00 (Optional)
Certificate of Status:	$5.00 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

KULANGARA FAMILY 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:**
915 HICKORY FORK DR	915 HICKORY FORK DR
SEFFNER FL 33584	SEFFNER FL 33584

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:

JAMES M KULANGARA
Name

915 HICKORY FORK DR
Florida street address (P.O. Box **NOT** acceptable)

SEFFNER FL 33584
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)

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(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
MGR	JAMES M KULANGARA 915 HICKORY FORK DR SEFFNER FL 33584
AMBR	JULIA M JAMES 915 HICKORY FORK DR SEFFNER FL 33584
AMBR	JENEY S JAMES 915 HICKORY FORK DR SEFFNER FL 33584
AMBR	JEMIE M JAMES 915 HICKORY FORK DR SEFFNER FL 33584

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

_____
_____
_____

REQUIRED SIGNATURE:

_____
Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JAMES M KULANGARA
Typed or printed name of signee

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15 JUL 20 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

KULANGARA FAMILY LLC

AMBR

JONATHAN M JAMES
915 HICKORY FORK DR
SEFFNER FL 33584

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15 JUL 20 PM 2:15
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TALLAHASSEE, FLORIDA