115000178439

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Consideration to Citizen Officer
Special Instructions to Filing Officer:

Office Use Only



500278100715

10/15/15--01011--011 **155.00

SECRETARY OF STATE TO USE OF CORPORATIONS

EFFECTIVE DATE 10/13/15

10/21/15

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KNIGHTSBRIDGE U	K, LLC	
	(Name of Resulting Florida I	imited Company)
		n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence	concerning this matter to:	
JODI RONEN		
(Contact P	erson)	· .
ACC-TAX & ACCOUNTING SERV	ICES, LLC	
(Firm/Con 130 NE 4TH AVE	npany)	
(Addre AMUICEUG IN SERSIVE FOR THE DEERFIELD BEACH, FL 33441	•	
(City, State and	Zip Code)	the state of the s
JODI@ACCU-TAX.TAX		
E-mail Address: (to be used for fut	ure annual report notifications)	
For further information concern	ing this matter, please call:	
JODI RONEN	at (954)	574-0081
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follo		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		——————————————————————————————————————
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registra Division P. O. Bo	NG ADDRESS: ation Section a of Corporations ox 6327 asee, FL 32314

INHS11 (06/15)

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.

	Entity" immediately prior to the filing of the Articles of Conversion	is:
(P15-060541)(Ente	Name of Other Business Entity)	
2. The "Other Business Entity" is a	CORPORATION Enter entity type. Example: corporation, limited partnership,	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorpora	red under the laws of FLORIDA	
07/15/2015	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or inco	poration)	
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organiza	tion:
KNIGHTSBRIDGE UK, LLC		
(Enter Name o	Florida Limited Liability Company)	
4. If not effective on the date of filir	g, enter the effective date: 10/13/2015	
(The effective date: 1) cannot be p date this document is filed by the l date listed in the attached Articles	rior to date of receipt or filed date nor more than 90 days after the florida Department of State; AND-2) must be the same as the effective date is listed therein.) In the state of the applicable statutory filing requirements, this date will not be listed as	ective
5. The plan of conversion has been a	oproved in accordance with all applicable statutes.	

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Signed this 13 day of OCTOBER	20_15
Signature of Authorized Representative of Limi	Λ
Signature of Authorized Representative: Printed Name: ROBERT HARRISON	This: MGR
Printed Name: ROBERT HARRISON	Trie: MUR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	
Signature: Printed Name: ROBERT HARRISON	Title: PRES
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$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:	
KNIGHTSBRIDGE UK, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
The maning address and succe address of the pr	incipal office of the Elithica Elabitity Company is.
Principal Office Address:	Mailing Address:
· · · · · · · · · · · · · · · · · · ·	
9776 GRAND VERDE WAY #701	9776 GRAND VERDE WAY #701
BOCA RATON, FL 33428	BOCA RATON, FL 33428
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	ered Agent. You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
DODERT II A BRIGON	
ROBERT HARRISON Name	
ivanic	,
9776 GRAND VERDE WAY #7	01
Florida street address (P.O	. Box NOT acceptable)
BOCA RATON	FL 33428
City	Zip
City	Σιþ
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
	ity. I further agree to comply with the provisions of all
statutes relating to the proper and complete p	performance of my duties, and I am familiar with and
accept the obligations of my position as res	gistered agent as provided for in Chapter 605, F.S
(1)	
KAT	
Registered Agent's Sign	nature (REQUIRED)
Ţ Ţ	
	TIED)
(CONTIN	UED)
	TO THE PERSON OF

Page 1 of 2

A	D	Т	T	~	T	Ţ.	I	7_
м	. 13		ľ	١.	L	r.		/ -

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGRM	ELENA EGLIT		
	9776 GRAND VERDE WAY #701		
	BOCA RATON, FL 33428		
MGR	ROBERT HARRISON	😅	
	9776 GRAND VERDE WAY #701		
	BOCA RATON, FL 33428	<u> </u>	
		=	
		<u> </u>	
		141	
			
	<u> </u>		
n effective date is listed, the date must 90 days after the date of filing.)	ne date of filing: 10/13/2015 . (OP to be specific and cannot be more than five bus	iness day	S
TICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of States	t be specific and cannot be more than five bus t the applicable statutory filing requirements, this date wil	iness day	/S
TICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet	t be specific and cannot be more than five bus t the applicable statutory filing requirements, this date wil	iness day	S
TICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of States	t be specific and cannot be more than five bus t the applicable statutory filing requirements, this date wil	iness day	ys
CICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State CICLE VI: Other provisions, if any.	t be specific and cannot be more than five bus t the applicable statutory filing requirements, this date wil	iness day	S
TICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five bus t the applicable statutory filing requirements, this date wil e's records.	iness day	/S
CICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State SICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a mem	t be specific and cannot be more than five bus t the applicable statutory filing requirements, this date wil e's records. The specific and cannot be more than five bus t the applicable statutory filing requirements, this date wil e's records.	iness day	/S
CICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State SICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a I am aware that any false information.	t be specific and cannot be more than five bus t the applicable statutory filing requirements, this date wil e's records. er or an authorized representative of a memb accordance with section 605.0203 (1) (b), Florida Statutes mation submitted in a document to the Department of Statu	iness day	S
CICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State o	er or an authorized representative of a memb accordance with section 605,0203 (1) (b), Florida Statutes mation submitted in a document to the Department of Statutes by as provided for in s.817.155, F.S.	iness day	ys
CICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State o	er or an authorized representative of a memb accordance with section 605,0203 (1) (b), Florida Statutes mation submitted in a document to the Department of Statutes by as provided for in s.817.155, F.S.	iness day	ys
CICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State o	t be specific and cannot be more than five bus t the applicable statutory filing requirements, this date wil e's records. er or an authorized representative of a memb accordance with section 605.0203 (1) (b), Florida Statutes mation submitted in a document to the Department of Statu	iness day	/S

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2