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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	· e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	.,
to 16-	1143	

Office Use Only



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03/10/16--01010--014 **150.00

SECRETARY OF STATE

16 MåR - 7 PM 2: 5



COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:	Kildalton	Group	LLC.
	(Name o	of Resulting Florida	Limited Company)
		_	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all cor	respondence concerning	g this matter to:	
Jennise Holling 13104 Ocala,	(Contact Person) EVENTING (Firm/Company) WHWY 36 (Address) FL 3448 (City, State and Zip Code)	28 32	
E-mail Address: (to	nform@hc be used for future annual re	port notifications)	iom.
For further information of Control (Name of Control Co	tion concerning this man	tter, please call: _at (352) (Area Code)	875.7634 (Daytime Telephone Number)
Enclosed is a check	for 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 and Certified Copy	
Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	ntions tter Circle	Registra Division P. O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314

INHS11 (06/15)

APPROVEL AND FILED

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

16 MAR -7 PM 2: 50

SECRETARY OF STATE FALLAHASSEE. FLORIDA

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: (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: KILDALTON GROWP LLC.
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.

Page 1 of 2

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

*	• APPHOVED
Signed this 14 day of January	20_16 AND FILED
Signature of Authorized Representative of Lim	ited Liability Compalie:MAR -7 PM 2: 50
Signature of Authorized Representative: Printed Name: Junathan Holling	Title: HUMOGRALLAHASSEE, FLORIDA
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Janet Olen	Title: partner.
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
KILDALTON GROUP (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	scipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13104 W. Hwy 328 Ocala, Fr. 34482	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
13104 W. HWY Florida street address (P.O. I	328 Box NOT acceptable)
<u>Ocala</u> City	FL 34482 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

A	D	T	17	T	U	T	<i>.</i> / _
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The name and address of each person authorized to manage and control the Limited Liability Company:

2011py.	
<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	Jonathan Holling
	Dala, Fl. 34482
AMBR	Michael French 8685 S Derinda Road
	Elizabeth, IL 61008
AMBR	Connie Garrett Holling
	Scottsdale, AZ BEDGO
AMBR	Janet Olsen
	2635 North Wahl Huenue. M. Junuker, Wisconson 53211
(Use attachment if necessary)	
ARTICLE V: Effective date, if other th	an the date of filing: DATE OF FILING (OPTIONAL)
If an effective date is listed, the date of or 90 days after the date of filing.)	must be specific and cannot be more than five business days prior
Note: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as the
ocument's effective date on the Department of	State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a mo	ember or an authorized pepresentative of a member.
This document is executed a lam aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State 6

Typed or printed name of signee

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)

Page 2 of 2

constitutes a third degree felony as provided for in s.817.155, F.S.