L16000142930

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		<u>.</u>
		:

Office Use Only



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06/29/16--01010--008 **155.00

W16-047362

~ 08/04/16



July 7, 2016

EVELYN MORELL 902 W. LUMSDEN RD., STE. 106 BRANDON, FL 33511

SUBJECT: KANTEK FINANCIAL CORP, LLC

Ref. Number: W16000047362

We have received your document for KANTEK FINANCIAL CORP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 816A00014209

www.sunbiz.org

Division of Comparations D.O. P.O.V. 6297 Tallahassas Florida 2021

COVER LETTER

10:	Division of C					
SUBT	FCT. KANTER	K FINANCIAL LLC				
эсь.	EC1	(Name	of Resulting Florida I	imite	ed Company)	
					nd fees are submitted to convert an "Cocordance with s. 605.1045, F.S.)ther
Please	return all corre	espondence concerning	g this matter to:			
EVELY	YN MORELL					
		(Contact Person)				
VALU	E TAX PREP					
	1011 10110 11010	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·			-
902 W	LUMSDEN RD S	STE 106				•
		(Address)				
BRAN	DON, FL 33511					
	((City, State and Zip Code)				
EVELY	YN@VALUETA	XPREP.COM				
E-m	nail Address: (to b	e used for future annual re	port notifications)			
For fu	rther informati	on concerning this ma	tter, please call:			
EVELY	YN MORELL		_at (<u>813</u>)	444-4	4466	
	(Name of Conta	ct Person)	(Area Code)	(Day	vtime Telephone Number)	
Enclos	sed is a check f	or the following amou	nt:			
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles inization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRE	ET ADDRES	S:	MAILI	NG A	ADDRESS:	
_	ration Section		Registra			
	on of Corporat	ions	Division P. O. Bo		Corporations 27	
	n Building Executive Cent	er Circle			FL 32314	

INHS11 (06/15)

Tallahassee, FL 32301

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.

CPIY-088575)	(Enter Name of Other Business Entity)	
2. The "Other Business Entity"	is a CORPORATION .	
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or inco	rporated under the laws of FLORIDA	
19/29/2014	(Enter state, or if a non-U.S. entity, the name of the country)	
(date of organization, formation	or incorporation)	
3. The name of the Florida Lin	nited Liability Company as set forth in the attached Articles of Organization	n:
	ame of Florida Limited Liability Company)	
4. If not effective on the date of (The effective date: 1) canno	f filing, enter the effective date: 06/23/2016 be prior to date of receipt or filed date nor more than 90 days after the	
4. If not effective on the date of (The effective date: 1) canno date this document is filed by date listed in the attached Ar	f filing, enter the effective date: 06/23/2016 be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effecticles of Organization, if an effective date is listed therein.) k does not meet the applicable statutory filing requirements, this date will not be listed as the	tive

Page 1 of 2

Signe	d this <u>23</u>	day of <u>JUNE</u>	20_16
<u>Signa</u>	ture of Autho	rized Representative of L	imited Liability Company:
Clamat		and Dameson totices \ \bullet	Relies
Printed	Name: KRYS	Zed Representative:	Title: MGR
1 1111100			Title: Marie Title
Signat	ure(s) on beha	lf of Other Business Entity	: [See below for required signature(s)]
		()	· · · · · · · · · · · · · · · · · ·
Signat	ure:	YILLIA	T'A DECIDENT
Printed	Name: KK151	AL M PERRA	Title: PRESIDENT
Signat	ure:		
Printed	i Name:		Title:
Signat	ure:	•	TOTAL CONTRACTOR OF THE CONTRA
Printed	i Name:		Title:
Signati	ure:		
Printed	l Name:		Title:
			•
Signati	ure:	·	
Printed	l Name:		Title:
Signati	ure:		
Printed	l Name:		Title:
	ida Corporati		
		n, Vice Chairman, Director,	
II Dire	ctors or Officer	s have not been selected, an	Incorporator must sign.
If Flor	ida General P	artnership or Limited Lial	nility Partnershin:
	ure of one Gene		int, Turthorsing.
Ü			
			oility Limited Partnership:
Signati	ures of <u>ALL</u> G	eneral Partners.	
All oth	ners:		
	ure of an author	rized person.	
- 6		F	
Fees:			
			dec so
	Articles of Co		\$25.00
		da Articles of Organization	
	Certified Cop Certificate of		\$30.00 (Optional) \$5.00 (Optional)
	Certificate of	Status,	ψοιου (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limit	ted Liability Company	is:		
KANTEK FINANCIAL I.	1.0			
	nd with the words "Limited Li	iahility Company "I	LC "or "LLC."	<u> </u>
(Must Ci	ia with the words thinked th	addiniy Company, E	incident, or Ellow,	,
ARTICLE II - Addre	ess:			
The mailing address a	nd street address of the	e principal offic	e of the Limit	ed Liability Company is:
Principal Office Add	ress:	Mailing A	<u> ddress:</u>	
002 W THMCDENI DD	•	002 37 1 118	ACDENI DID	
902 W. LUMSDEN RD STE 105	······································	902 W LUN STE 105	ASDEN KD	
BRANDON, FL 33511		BRANDON	J FL 33511	
DICTION, 1 E 33311		BRANDON	, 1 1 33311	
ARTICLE III - Regi	stered Agent, Registe	red Office & I	Registered Ac	gent's Signature:
The Limited Liability Compa	any cannot serve as its own Re			
business entity with an activ	e Florida registration.)			
The name and the Flor	rida street address of th	ne registered ag	ent are:	
. no name and the river	indu stroot address or tr	io rogistoroa ag	on aro.	
V	ALUE TAX PREP			
_	Na	ame		
	2 W LUMSDEN RD STE			
F	lorida street address (I	P.O. Box <u>NOT</u>	acceptable)	
D.D.	ANIDONI	TT 225		
<u>13R</u>	ANDON	FL 3351		
	City		Zip	
Henring hour name	I an unaistavad agant an	d to goont som	iaa of nyoaass	for the above stated limited
				ccept the appointment as
		-		ply with the provisions of all
				and I am familiar with and
generat the obline	rtions of my position as	re perjormance	of my unites, i	for in Chapter 605, F.S
accept the oblige	mone of my position as	riginerea agen	il as provided.	joi in Chapter 603, 1 .5
	<u> </u>			
-	Registered Agent's S	Signature (REQ	UIRED)	·
			ŕ	
		•		
	(CONT	TINUED)		ه ا ش
	Page	e I of 2		

ΔR	TT	CI	E.	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	KRYSTAL M PERRY	
(Use attachment if necessary)	(OPTIO	NIAIN
CLE V: Effective date, if other than the effective date is listed, the date must 190 days after the date of filing.) If the date inserted in this block does not meet the	the applicable statutory filing requirements, this date will not specific.	ss days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State's	be specific and cannot be more than five busines the applicable statutory filing requirements, this date will not	ss days _[
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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