# L16000219739

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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16 DEC -5 AM 10: 43
SEGRETARY OF STATE
FAIL AHLISSEE FLORIDA

ne 12/4/16

## **COVER LETTER**

_	on Section of Corporations		
SUBJECT: KEN	NEDY REPORTING, LLC		
50802011		of Resulting Florida Limit	ed Company)
			nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all o	correspondence concerning	g this matter to:	
NICK WILMOT			
	(Contact Person)		
DEBBIE'S ACCOU	NTING SERVICE, INC		
	(Firm/Company)		
3575 SOUTHSDIE	BLVD		
-	(Address)		
JACKSONVILLE, I	FL 32216		
	(City, State and Zip Code)		
NICK@DEBBIESA	CCOUNTINGSERVICE.CO	M	
E-mail Address:	(to be used for future annual re	eport notifications)	
For further inform	nation concerning this ma	atter, please call:	
NICK WILMOT		_at (904) <sup>733</sup> -	<b>4</b> 547
(Name of C	Contact Person)	(Area Code) (Da	ytime Telephone Number)
Enclosed is a che	ck for the following amo	unt:	
\$150.00 Filing For (\$25 for Conversion & \$125 for Articles of Organization)		□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDR	RESS:	MAILING	ADDRESS:
Registration Sect		Registration	
Division of Corp Clifton Building	orations	Division of ( P. O. Box 63	Corporations 327
2661 Executive (	Center Circle	Tallahassee,	<u> </u>
Tallahassee, FL		,	

INHS11 (06/15)

# **Articles of Conversion**

For

### "Other Business Entity"

16 DEC -5 AM 10: 43

Into

Florida Limited Liability Company
ALLAHASSEE FLORIDA

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 E KENNEDY REPORTING, INC.	Business Entity" immediately prior to the filing of the Article	es of Conversion is:
	(Enter Name of Other Business Entity)	•
2. The "Other Business Enti	ity" is a	
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or in	ncorporated under the laws of FL	
05/12/15 on	(Enter state, or if a non-U.S. entity, the	name of the country)
(date of organization, formation	on or incorporation)	
3. The name of the Florida I	Limited Liability Company as set forth in the attached Artic	cles of Organization:
KENNEDY REPORTING, LLC		
(Ente	er Name of Florida Limited Liability Company)	•
4. If not effective on the data	e of filing, enter the effective date:	
(The effective date: 1) candate this document is filed date listed in the attached A	not be prior to date of receipt or filed date nor more than by the Florida Department of State; <u>AND</u> 2) must be the Articles of Organization, if an effective date is listed there block does not meet the applicable statutory filing requirements, this date	e same as the effective rein.)
5. The plan of conversion ha	is been approved in accordance with all applicable statutes.	

Page 1 of 2

Signed this 30 · day of NOVEMBER	20_16
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Moli	Title: MGRM
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Meliosa Kennedy Printed Name: MELISSA KENNEDY	
Printed Name: MELISSA KENNEDY	Title: PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
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: 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:	
KENNEDY REPORTING. LLC		
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address;		
The mailing address and street address of the	e principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
4215 DEER TRAIL	4215 DEER TRAIL	
MIDDLEBURG, FL 32068	MIDDLEBURG, FL 32068	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of the	ne registered agent are:	16 DE
MELISSA D KENNEDY		平 0
Na	ame	555EE
4215 DEER TRAIL		
Florida street address (I	P.O. Box NOT acceptable)	AM 15: 43 OF STATE
MIDDLEBURG	FL 32068	<b>2</b> 70 00 00 00 00 00 00 00 00 00 00 00 00
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

"MC:P" = Manager	
"MGR" = Manager MGRM	MELISSA KENNEDY
	4215 DEER TRAIL
	MIDDLEBURG. FL 32068
	<del></del>
(Use attachment if necessary)	
ICLE V: Effective date, if other than	the date of filing: 01/01/2017 . (OPTIONAL)
neffective date is listed, the date mu 90 days after the date of filing.)	ust be specific and cannot be more than five business days p
If the date inserted in this block does not in- nent's effective date on the Department of St	eet the applicable statutory filing requirements, this date will not be listed a ate's records.

Signature of a member or an authorized representative of a member: This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes:> 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.

MELISSA KENNEDY

**REQUIRED SIGNATURE:** 

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)

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