# 17000039759

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

Office Use Only

N. SAMS FEB 2 2 2017



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### **COVER LETTER**

| TO: Registration S Division of C   |   |   |   |
|--|---|---|---|
| SUBJECT:   | Karilex<br>(Name of Res                               | Construction ulting Florida Limited Com | pany)                                     |
|  | ·   | -                                       | d fees are submitted to convert an "Other |
|  |   |   | ecordance with s. 605.1045, F.S.          |
| Please return all corre  | espondence concerning                                 | g this matter to:                       |   |
| Denni  | (Contact Person)                                      |   |   |
|  | (Comact Person)                                       |   |   |
| 1441 S   | (Firm/Company)  | 1 Cf #23                                | 3   |
| Kissim   | Mee F (<br>City, State and Zip Code)                  | 34744                                   |   |
| dd0 + 80   | City, State and Zip Code)  575                        | noil.com                                |   |
| For further informati  | on concerning this mat                                | tter, please call:                      |   |
| (Name of Conta   | ect Person)   | _at ()(Area Code) (Day                  | time Telephone Number)                    |
|  | or the following amou a bank located in the           | •                                       | ed by this office must be payable in US   |
| ✓ \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | ☐\$155.00 Filing Fees<br>and Certificate of<br>Status |   |   |
| STREET ADDRES  | S:  | MAILING A                               |   |

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

# **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.

| 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) MIL - 1231   |
| 2. The "Other Business Entity" is a  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
| First organized, formed or incorporated under the laws of  |
| on (date of organization, formation or incorporation)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| (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.)  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. |
| 5. The plan of conversion has been approved in accordance with all applicable statutes.  |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to  |

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed this $20^{H}$ day of $10007$   | 20_/7  |
|---|--|
| Signature of Authorized Representative of Limit   | ted Liability Company:   |
| Signature of Authorized Representative:   | Title: Auth Member   |
| Signature(s) on behalf of Other Business Entity: [  | See below for required signature(s)                            |
| Signature:  |  |
| Signature: Dennis Arroys  | Title: Ath Member  |
| Signature:  |  |
| Signature:Printed Namc:   | Title:   |
| Signature:Printed Name:   |  |
| Printed Name:   | Title:   |
| Signature:Printed Name:   | mul  |
| Printed Name:   | Title:   |
| Signature:Printed Name:   | Tiela  |
| Printed Name:   | i iie.   |
| Signature:Printed Name:   | Title  |
| Frinted Name.   |  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. |  |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.   | ty Partnership:  |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of <u>ALL</u> 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<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |
|--|
| (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:   |
| 1441 Fortune Retail Of #233<br>Kissimmer FL 34744  |
| 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:  Name   |
| 1441 Portone Retail at #233 Florida street address (P.O. Box NOT acceptable)   |
| Kissimmee FL 34744<br>City Zip   |
| Having heen 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 |

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

| Company:  |   |
|---|---|
| Title: "AMBR" = Authorized Member "MGR" = Manager  AMB 2  | Name and Address:  Dennis Arroya 1941 Fortne Refail Ct # 233 Lussin mee FL 34744  |
|   |   |
|   |   |
| (Use attachment if necessary)   |   |
| (If an effective date is listed, the date must to or 90 days after the date of filing.)           | the applicable statutory filing requirements, this date will not be listed as the seconds.  |
|   |   |
| REQUIRED SIGNATURE:   | A   |
| This document is executed in a I am aware that any false inforn constitutes a third degree felony | ccordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S. |
| - Len   | ped or printed name of signee   |
| -,  | Filing Fees   |

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

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)