# 1700004172

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TALLAHASSEE, FLORDA

## COVER LETTER

TO:	Registration S Division of C					
SHRI	FCT. Kennerly	Family Investments, LLC				
SUDJ	EC1.	(Name of Res	ulting Florida Limi	ted Com	apany)	
					d fees are submitted to convert an "Oth ecordance with s. 605.1045, F.S.	ie:
Pleaso	return all corr	espondence concerning	g this matter to:			
Keith 2	A. O'Daniel					
		(Contact Person)		-		
O'Dan	iel McDonald					
		(Firm/Company)		-		
8010 F	Roswell Rd. Ste. 2	10				
		(Address)		-		
Atlanta	a, GA 30350					
	((	City, State and Zip Code)		-		
kodani	el@odmclaw.com	l				
E-n	nail Address: (to b	e used for future annual re	port notifications)	-		
For fu	rther informati	on concerning this ma	tter, please call:			
Keith .	A. O'Daniel		_at (	1419-6	5300	
	(Name of Conta	ct Person)	(Area Code	) (Day	6300 rtime Telephone Number)	
		or the following amou a bank located in the	-	orocess	sed by this office must be payable in U	S
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regis Divisi Clifto 2661	EET ADDRES tration Section on of Corporat n Building Executive Cent nassee, FL 323	ions er Circle	Regist Divisio P. O. E	ration S on of C Box 632	ADDRESS: Section Corporations 27 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.

Statutes.		
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Kennerly Family Investments, LLC	f Conversion	is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a Limited Liability Company		
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		
First organized, formed or incorporated under the laws of Georgia  (Enter state, or if a non-U.S. entity, the name		<u>.</u>
00/14/2004	e of the country	<i>y)</i>
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Organiza	ation:
Kennerly Family Investments, LLC		
(Enter Name of Florida Limited Liability Company)		
4. If not effective on the date of filing, enter the effective date: date of filing		
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 date this document is filed by the Florida Department of State; AND 2) must be the sam 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 document's effective date on the Department of State's records.	ne as the eff )	ective
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 rig which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	ghts the amo	unt to
	17 SEC	

Signed this day	of February	<u>20_17</u> .
Signature of Authorized	Representative of Li	mited Liability Company:
Ciamatona a C A atlantica d D		
Signature of Authorized Re Printed Name: William Keith	epresentative:	Tida, Mambar
Printed Name, windam Kettii	Kemierry	7 Title. Member
		: [See below for required signature(s)]
Signature:  Printed Name: William Keith		
Printed Name: William Keith	Kennerly	Title: Member
Signature:		
Printed Name:		Title:
Printed Name:		Title:
Printed Name:		Title:
Signature:	· · · · · · · · · · · · · · · · · · ·	
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporation:		
Signature of Chairman, Vice		
If Directors or Officers have	e not been selected, an	Incorporator must sign.
If Florida General Partner Signature of one General Pa		oility Partnership:
If Florida Limited Partner Signatures of <u>ALL</u> General	ship or Limited Liab Partners.	pility Limited Partnership:
All others: Signature of an authorized p	person.	
Fees:		
Articles of Convers	ion:	\$25.00
	ticles of Organization	
Certified Copy:		\$30.00 (Optional)
Certificate of Status	3:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,	vestments, LLC			
(	Must end with the words "Limited I.	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - A The mailing adds		e principal office of the Limited Liability Compa	any is:	
Principal Office	Address:	Mailing Address:		
6990 SE Harbor Circle		6990 SE Harbor Circle		
Stuart, FL 34996		Stuart, FL 34996		
The name and th	e Florida street address of t  Keith Kennerly  N  6990 SE Harbor Circle	he registered agent are:		
		P.O. Box NOT acceptable)		
	Stuart	FL 34996		
	Stuart City	FL 34996 Zip		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

#### ARTICLE IV-

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

	<u>Title:</u>	Name and Address:
	"AMBR" = Authorized Member	•
	"MGR" = Manager	
AMBR		William Keith Kennerly
		6990 SE Harbor Circle
		Stuart, FL 34996
	AMBR	Lin Wilton Kennerly
		6990 SE Harbor Circle
		Stuart, FL 34996
	<del></del>	
ARTI	(Use attachment if necessary)  CLE V: Effective date, if other that	an the date of filing: date of filing
(If an	effective date is listed, the date r	must be specific and cannot be more than five business days prior
	00 days after the date of filing.)	
		meet the applicable statutory filing requirements, this date will not be listed as the
docume	ent's effective date on the Department of	State's records.
A Three	OVER THE CALL AND ADDRESS OF T	
	CLE VI: Other provisions, if any.	
None		· · · · · · · · · · · · · · · · · · ·
	REQUIRED SIGNATURE:	—
		ember or an authorized representative of a member.
		ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
	i ani aware mat any laise i	mornation submitted in a document to the Department of State

William Keith Kennerly

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)

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

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