47000044224

(Requestor's Name)
(Address)
(Add (co.)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



400296021214

02/28/17--01007--020 **150.00

FILED

17 FEB 28 AH 5: 40

SECNETARY OF STATE
ALLAHASSEE, FLORDA

O'Daniel McDonald

O'Daniel McDonald, LLC 8010 Roswell Road, Suite 210 Atlanta, GA 30350 Ph: 404-419-6300 Fax: 404-419-6301 kodaniel@odmclaw.com

February 23, 2017

VIA FEDERAL EXPRESS (7785 0055 7194)

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

Re: Articles of Conversion, Articles of Organization and Fees for Kennerly Family Investments, LLC and Kennerly Management, LLC

Dear Sir or Madam:

Please find enclosed, two (2) Articles of Conversion and Articles of Organization to convert Kennerly Family Investments, LLC and Kennerly Management, LLC from a Georgia Limited Liability Company to a Florida Limited Liability Company.

Additionally, please find two (2) checks, both in the amount of \$150.00 to cover the cost for filing the Articles of Conversion and the Articles of Organization for each entity named above. Please do not hesitate to contact me if you have any questions.

Very truly yours,

O'DANIEL McDONALD, LLC

Keith A. ODaniel

Keith A. O'Daniel

Enclosures

COVER LETTER

TO:	Registration S Division of Co				
CHIDI		Management, LLC			
SUDJ	ECI:	(Name of Res	ulting Florida Lin	nited Con	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to	•	
Keith .	A. O'Daniel				
		(Contact Person)		_	
O'Dan	iel McDonald, LLC	3			
	· · ·	(Firm/Company)		_	
8010 F	Roswell Rd. Ste. 21	0			
		(Address)		_	
Atlant	a, GA 30350				
	(C	City, State and Zip Code)		_	
kodan	iel@odmclaw.com				
E-r	nail Address: (to be	e used for future annual re	port notifications)	_	
For fu	irther information	on concerning this ma	tter, please call	:	
Keith	A. O'Daniel		_at (1419-6	6300
(Name of Contact Person)		(Area Cod	e) (Day	rtime Telephone Number)	
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fc & \$125	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filir and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regis Divisi Clifto 2661	EET ADDRESS tration Section ion of Corporation Building Executive Center hassee, FL 3230	ons er Circle	Regis Divis P. O.	tration : ion of C Box 63:	Corporations

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 Article Kennerly Management, LLC	s of Conv	ersion	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			
01/24/2007 (Enter state, or if a non-U.S. entity, the r	name of the	country)
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Or	ganiza	tion:
Kennerly Management, 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			
date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the date listed in the attached Articles of Organization, if an effective date is listed there <u>Note</u> : If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	in.)		
5. The plan of conversion has been approved in accordance with all applicable statutes.			
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	right AHASS	17 FEB 2	unt to
Page 1 of 2	EE, FLORIDA		E P

Signed this 16 day of Le bruary	20_17
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name: William Keith Kennerly	Title: Member
Signature(s) on behalf of Other Business Entity:	
Signature(s) on benari of Other Business Entity.	see below for required signature(s)
Signature:	
Printed Name: William Keith Kennerly	Title: Member
Filmed Name, winds Rem Remerly	Title: Member
Signature:	
Signature:Printed Name:	Title
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	<u> </u>
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	<u></u>
<u> </u>	
All others:	
Signature of an authorized person.	
1	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Communic of Status.	\$3.00 (Ophonal)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kennerly Manage					
	(Must end with the words "Limited L.	ability Company, "L.L.C" or "LLC.")			
ARTICLE II -	· Address:				
The mailing ad	dress and street address of the	e principal office of the Limited Liabilit	y Company is:		
Principal Office Address:		Mailing Address:			
6990 SE Harbor C	Circle	6990 SE Harbor Circle			
Stuart, FL 34996		Stuart, FL			
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.)	ered Office, & Registered Agent's Sign egistered Agent. You must designate an individual or the registered agent are:	nature: ranother		
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the William Keith Kennerly	egistered Agent. You must designate an individual or	nature: r another		
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the William Keith Kennerly	egistered Agent. You must designate an individual or	r another		
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the William Keith Kennerly	egistered Agent. You must designate an individual or	r another		
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the William Keith Kennerly N 6990 SE Harbor Circle	egistered Agent. You must designate an individual or	r another		
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the William Keith Kennerly N 6990 SE Harbor Circle	egistered Agent. You must designate an individual or ne registered agent are: ame P.O. Box NOT acceptable)	r another		
(The Limited Liabili business entity with	the Florida street address of the William Keith Kennerly Medical Street address of the William Keith Kennerly N 6990 SE Harbor Circle Florida street address (1)	egistered Agent. You must designate an individual or ne registered agent are:	r another		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	William Keith Kennerly
	6990 SE Harbor Circle
	Stuart, FL 34996
(Use attachment if necessary)	
PROBLEM POP A LA 10 A A	d L. COT. L. COT.
	an the date of filing: date of filing (OPTIONAL) nust be specific and cannot be more than five business days pri
r 90 days after the date of filing.)	must be specific and cannot be more than five business days pri
	meet the applicable statutory filing requirements, this date will not be listed as
ment's effective date on the Department of	State's records.
PICLE VII OIL	
I IC I.E. VI I Diner provisions it any	
ΓICLE VI: Other provisions, if any.	

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.

William Keith Kennerly

ARTICLE IV-

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