L17000107585

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Chary Name)
(Document Number)
Certified Copies Certificates of Status
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W1-37050

T. BURCH MAY 1 7 2017

COVER LETTER

Division of Co	orporations				
SUBJECT: KLAV EN	TERPRISE GROUP, LLC	С			
SUBJECT.			Florida Limite	d Com	pany)
					d fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Please return all corre	spondence concerning	g this	matter to:		
PAOLA BORNACELLI					
	(Contact Person)		·		
KLAV ENTERPRISE GI	ROUP, LLC				
	(Firm/Company)				
430 W NEW EUGLAND	AVE SUITE #A				
	(Address)				
WINTER PARK, FL 327	89				
(C	City, State and Zip Code)				
FRUTOSSELECTOS@C	GMAIL.COM				
E-mail Address: (to be	e used for future annual re	port n	otifications)		
For further information	on concerning this mat	iter, į	please call:		
PAOLA BORNACELLI		at (407	757-9	510
(Name of Contac	ct Person)	\	(Area Code)	(Day	time Telephone Number)
Enclosed is a check for dollars and drawn on	_	-	•	rocess	sed by this office must be payable in US
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:		MAILI	NG A	ADDRESS:
New Filing Section			New Fil	_	
Division of Corporati	ons				forporations
Clifton Building 2661 Executive Center	or.		P. O. Bo Tallaha		27 FL 32314
Circle Tallahassee, Fl			i anana:	33 00 , 1	1 D 32317

32301

TO: New Filing Section



May 1, 2017

PAOLA BORNACELLI 430 W NEW EUGLAND AVE STE #A WINTER PARK, FL 32789

SUBJECT: KLAV ENTERPRISE GROUP, LLC

Ref. Number: W17000037050

We have received your document for KLAV ENTERPRISE GROUP, 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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.

Tim Burch Regulatory Specialist III

Letter Number: 017A00008436

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

FILED

17 HAY 16 AN IO: 0

ALL ALLASSEE, FLORI

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 KLAV ENTERPRISE GROUP, CORP	Entity" immediately prior to the filing of the Articles of Conversion is:
	r 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 incorpora	ted under the laws of FLORIDA
03/09/2016	(Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation or inco	rporation)
3. The name of the Florida Limited KLAV ENTERPRISE GROUP, LLC	Liability Company as set forth in the attached Articles of Organization
	f Florida Limited Liability Company)
4. If not effective on the date of fili	ng, enter the effective date: 02/01/2017
(The effective date: 1) cannot be pafter the date this document is file the effective date listed in the atta	orior to date of receipt or filed date nor more than 90 calendar days d by the Florida Department of State; <u>AND</u> 2) must be the same as ched Articles of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been a	pproved 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 day of	of APRIL	20 <u>17</u> .
Signati	ure of Authorized R	epresentative of Li	imped Liability Company:
	ire of Authorized Re	presentative: \\\\\\\\\	
Printed	Name: PAOLA BORN	ACELLI \	Title: PRESIDENT
Signatı	ire(s) on behalf de	ther Business Entity	
Signatu	re: ()		
Printed	Name: PAOL BORN	ACELLI	Title: DIRECTOR
G : .			
Signatu	re:		Title
Printed	Name:		Title:
Signatu	re:		
Printed	Name:		Title:
C!4			
Signatu	re:		Tiste
Printed	Name:		Title:
Signatu	re:		
			Title:
C!			
	re:		
Printed	Name:		Title:
<u>If Flori</u>	da Corporation:		
Signatu	re of Chairman, Vice	Chairman, Director,	or Officer.
If Direc	tors or Officers have	not been selected, an	Incorporator must sign.
If Flori	ida General Partner:	hin or Limited Liel	nility Dartnarchin
	re of one General Par		onty i arthersmp.
_			
			oility Limited Partnership:
Signatu	res of <u>ALL</u> General I	'artners.	
All oth			
Signatu	re of an authorized pe	CISOH.	
Fees:			
	Articles of Conversi	on:	\$25.00
	Fees for Florida Art	icles of Organization	n: \$125.00
	Certified Copy:	Ŭ	\$30.00 (Optional)
	Certificate of Status	:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compa	any is:
KLAV ENTERPRISE GROUP, LLC	
	Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
430 W NEW EUGLAND AVE SUITE #A	430 W NEW EUGLAND AVE SUITE #A
WINTER PARK, FL 32789	WINTER PARK, FL 32789
Dusiness entity with an active Florida registration.) The name and the Florida street address of PAOLA BORNACELLI 430 W NEW EUGLAND Florida street address	Name
	· · · · · · · · · · · · · · · · · · ·
WINTER PARK City	FL 32789 Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S

ed Agent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	PAOLA BORNACELLI	
MGR	430 W NEW EUGLAND AVE SUITE A	
	WINTER PARK, FL 3278902/01/2017	
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n effective date is listed, the date must r to or 90 calendar days after the date o	be specific and cannot be more than five business of filing.)	— NAL) ss days
TICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date of 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 of filing.) the applicable statutory filing requirements, this date will not be	— NAL) ss days
TICLE V: Effective date, if other than the n effective date is listed, the date must r to or 90 calendar days after the date of If the date inserted in this block does not meet the nent's effective date on the Department of State's TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in action aware that any false informations.	be specific and cannot be more than five busines of filing.) the applicable statutory filing requirements, this date will not be	— NAL) ss days
ricle V: Effective date, if other than the n effective date is listed, the date must r to or 90 calendar days after the date of If the date inserted in this block does not meet the nent's effective date on the Department of State's FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in act an aware that any false information.	be specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be records. Tor an authorized representative of a member. recordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State	— NAL) ss days
r to or 90 calendar days after the date of If the date inserted in this block does not meet the nent's effective date on the Department of State's FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in action aware that any false informationstitutes a third degree felony appears to the provision of the provi	be specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be records. Tor an authorized representative of a member. recordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State	— NAL) ss days

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

ARTICLE IV-