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(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
,		,
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

то:	New Filing So Division of C				
SUBJ	ECT: King Tech	nnologies LLC			
			ulting Florida Limit	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this matter to:		
Le An	n King				
		(Contact Person)			
King T	Technologies LLC				
		(Firm/Company)			
9915 S	Stockbridge Drive				
		(Address)			
Tampa	, Florida 33626				
	((City, State and Zip Code)			
Heann	king@gmail.com				
Е-т	nail Address: (to b	e used for future annual re	port notifications)		
For fi	irther information	on concerning this ma	tter, please call:		
Le An	n King		_at (399 8	878
	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fd & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi	EET ADDRESS Filing Section ion of Corporati n Building		New Fi	ling S n of C	Corporations
2661	Executive Cent	er Circle	Tallaha	ssee, l	FL 32314

Tallahassee, FL 32301

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.

(Enter Name of Other Business	Entity)
2. The "Other Business Entity" is aLimited Liability Com	•
	tership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of _ (En	Georgia ter state, or if a non-U.S. entity, the name of the country)
on January 20, 2015 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as (Enter Name of Florida Limited Liability)	set forth in the attached Articles of Organization: Company)
4. If not effective on the date of filing, enter the effective of (The effective date: Cannot be prior to date of receipt of the date this document is filed by the Florida Department.	r filed date nor more than 90 calendar days after
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block does not meet the applicable sta	atutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	e with all applicable statutes. any any members having appraisal rights the amount to

Signed this 1	day of August	20_17	
Signature of Aut	horized Representative o	f Limited Liability Company:	
Signature of Auth Printed Name: <u>Le A</u>	orized Representative:	Title: Member/Manager	>
Signature(s) on b	ehalf of Other Business E.	ntity: [See below for required sig	nature(s)
Signature: Printed Name: Le A	an King	Title: Member/Manager	
Signature: Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:	·		
Printed Name:		Title:	
If Florida Corpor			
Signature of Chair If Directors or Offi	man, Vice Chairman, Directicers have not been selected	tor, or Officer. , an Incorporator must sign.	
		-	
II Florida Genera Signature of one G	l Partnership or Limited li deneral Partner.	Liability Partnership:	
Signatures of <u>ALL</u>	General Partners.	Liability Limited Partnership:	
All others: Signature of an aut	thorized person.		
Fees:			
Articles of	Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

AUST ASIDEAD

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
(Must contain the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
9915 Stockbridge Drive Tampa, Florida 33626	9915 Stockbridge Drive Tampa, Florida 33626	
(The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature wn Registered Agent. You must designate an individual or another	
The name and the Florida street address	of the registered agent are;	
Le Ann King		
	Name	
9915 Stockbridge Drive		
Florida street addres	ss (P.O. Box NOT acceptable)	
Tampa	FL 33626	
City	Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	nt and to accept service of process for the above standed in this certificate, I hereby accept the appoint is capacity. I further agree to comply with the proving in the profession of the proving the performance of my duties, and I am familiar in as registered agent as provided for in Chapter 60 of the Signature (REQURED)	ment as Isions of al with and
(CO	ONTINUED)	
		5 -

ARTICLE IV-

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

"ANADD" - Anabanian Anaban	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	To Anna Mina
.VOV	Le Ann King
	9915 Stockbridge Drive
	Tampa, Florida 33626
	11 Mar 14 Mar
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
•	
(Use attachment if necessary) CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Le
REQUIRED SIGNATURE: Signature of a member or	an authorized) representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	e with section 605:0203 (1) (b), Florida Statutes, I am aware th
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the innent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S. Le Ann King	e with section 605:0203 (1) (b). Florida Statutes, 1 am aware the iment to the Department of State constitutes a third degree felt
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a sprovided for in s.817.155. F.S. Le Ann King	e with section 605:0203 (1) (b), Florida Statutes, I am aware th

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