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

Office Use Only



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SECRETARY OF STATES
ALL AHASSEE, FLORIDA

DEPARTMENT OF SIAN

JAN 2 2 2018 T SCHROEDER

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 1/19/2018

	Acc#120160000072					
Name:	KB Risk Solutions, LLC (FL)					
Document #:						
Order #:	10802084 (7, 15, 18)					
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:						
Apostille/Notarial Certification:	Country of Destination: Number of Certs:					
Filing:	Certified: Plain: COGS:					
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 180.00					
	Thank you!					

COVER LETTER

TO: New Filing S Division of C					
SUBJECT: KB Ris	sk Solutions, LLC				
	(Name of Re	sulting	g Florida Limite	d Com	pany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernir	ig this	s matter to:		
Keith P. Becker					
	(Contact Person)				
KB Risk Solutions	s, LLC				
	(Firm/Company)				
930 Tullis Road					
	(Address)				
Lawrence, GA 30	0043				
(1	City. State and Zip Code)				
kbecker450@gm	ail.com				
E-mail Address: (to b	e used for future annual re	eport n	otifications)		
For further informati	on concerning this ma	itter.	please call:		
Robert A. Levine,	Esq.	at (()	973	-8066
(Name of Conta	nct Person)			(Day	time Telephone Number)
	for the following amo a bank located in the			ocess	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	Jane Sanc	\$180.00 Filing I I Certified Copy	ees	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section			MAILI New Fil		ADDRESS: ection
Division of Corporations			Division of Corporations		
Clifton Building		P. O. Box 6327 Tallahassee, Fl. 32314			
2661 Executive Center Circle			Tananassee, 171, 52514		

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: KB Risk Solutions, LLC
(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 of the country)
on August 9, 2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
KB Risk Solutions, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
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.

TILLED

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SECREJARY WE STATE FALLAHASSEE FLORIDA

Signed thisday of	20_ <u>18</u>					
Signature of Authorized Representative of Limi	ited Liability Company:					
Signature of Authorized Representative: Printed Name: Keith P. Becker						
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]					
Signature: Lecture Frinted Name: Bloith P. Becker	Title: _CEO					
Signature:Printed Name:	77.4					
Signature: Printed Name:	Title:					
Signature:						
Printed Name:	Title:					
Signature:Printed Name:	Title:					
Signature:						
Printed Name:	Title:					
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.						
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.						
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.						
All others: Signature of an authorized person.						
Fees:						
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)					

ARTICLES OF ORGANIZATION

OF

KB RISK SOLUTIONS, LLC

The undersigned executes these Articles of Organization of KB Risk Solutions, LLC to form a limited liability company pursuant to the Florida Revised Limited Liability Company Act:

ARTICLE I. NAME

The name of the limited liability company is: KB Risk Solutions, LLC.

ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 931 Tullis Road, Lawrenceville, Georgia 30043.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 1200 South Pine Island Road, Broward County, Plantation, Florida 33324, and the name of the limited liability company's initial registered agent at that address is NRAI Services, Inc.

Having been named 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 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.

NRAI Services, Inc.

Name: Jill Zygmunt

Title: Assistant Secretary

ARTICLE IV. MANAGEMENT OF COMPANY

The limited liability company is a manager-managed limited liability compa

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ARTICLE V. OFFICERS OF COMPANY

The names, titles and addresses of the initial officers of the limited liability company are:

Keith P. Becker – Chairman 931 Tullis Road, Lawrenceville, Georgia 30043

Emanual Lauria – CEO 931 Tullis Road, Lawrenceville, Georgia 30043

Amy M. Becker – Secretary 931 Tullis Road, Lawrenceville, Georgia 30043

[Signature Page follows.]

FILED

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

EXECUTED: January 18, 2018

Keith P. Becker.

Authorized Representative of Member

SECRETARY OF STATES
TALL ARASSEE, FLORIDA