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

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RECEIVED Department of State

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com

incserv

ORDER FORM

TO

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

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE: 3/2/2018

PRIORITY Routine

OUR REF # (Order 155#) 63423

Page 1 of 1

ORDER ENTITY

K-2 PARTNERS FLORIDA, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

K-2 PARTNERS FLORIDA, LLC (FL)

File the attached conversion document

New LLC filing

Please provide a certified copy as evidence.

Short Form Good Standing Certificate

NOTES:

\$185.00 Authorized

Email address for annual report reminders: eheinz@heinzlaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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:

K-2 Partners, 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.	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust,	tc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
04/09/2010 on	
04/09/2010 on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	n:
K-2 Partners Florida, 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.)	er
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.	1
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	to



Signed this 2nd	day of March	20_18	
Signature of Auth	orized Representative of Limi	ted Liability Company:	
		0 9 /	
	orized Representative:		
Printed Name: Eric /	A. Heinz, Esq.	Title: Authorized Remesentative	
Signature(s) on be	half of Other Business Entity:	See below for required signature(s)]	
Signature:			
Printed Name: Eric	A. Heinz, Esq.	Pitle: Authorized Representative	
Signature:			
		Title:	
Printed Name:		_ Title:	
6 *			
Printed Name:		Title:	
Ciomatura:			
Printed Name		Title:	
Timed Name			
Signature:			
Printed Name:		Title:	
If Florida Corpora	ition:		
	nan, Vice Chairman, Director, or (
If Directors or Office	ers have not been selected, an Inc	corporator must sign.	
	Partnership or Limited Liability	ty Partnership:	
Signature of one Ge	eneral Partner.		
TOTAL	The many conditions on Y decided 3 Y decided	L. I lude d Danen suchlas	
	Partnership or Limited Liabilit	y Limited Partnership:	
Signatures of ALL	General Farmers.	•	
All others:			
Signature of an auth	norized person		₽;
O'Summer of all aun	ionizaa paraoin		
Fees:			i i
			(g) =
Articles of	Conversion:	\$25.00	74.1.1 74.1.1
	orida Articles of Organization:	\$125.00	1, a
Certified Co	-	\$30.00 (Optional)	
Certificate		\$5.00 (Optional)	35
		· · · · · · · · · · · · · · · · · · ·	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na				
The name of the L	imited Liability Co	ompany is:		
K-2 Partners Florida,				
(M	ust contain the words "Li	mited Liability Con	pany, "L.L.C.," or "LLC	Z.")
ARTICLE II - A	idrace:			
		ss of the princip	al office of the Li	mited Liability Company is:
Principal Office			ailing Address:	
3421 Edmondson Co		34	21 Edmondson Court	
Sarasota, FL 34242			rasota, FL 34242	
•	active Florida registration Florida street addre	ess of the regist	ered agent are:	_
		Name		
	3421 Edmondson Co	ourt		
	Florida street ad	dress (P.O. Box	NOT acceptable)
	Sarasota		FL 34242	
	Ci	ty	Zip	_
liability comp registered agent statutes relatin	pany at the place de and agree to act in ag to the proper and bligations of my pos	signated in this this capacity. I complete perfo tion as register	certificate, I hereb I further agree to co rmance of my dutie	ess for the above stated limited y accept the appointment as omply with the provisions of all es, and I am familiar with and led for in Chapter 605, F.S
				<u>~</u>

(CONTINUED)



"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Robert Miller	
MOR	3421 Edmondson Court	
	Sarasota, FL 34242	
MGR	Ross Engelman	
	615 Woodleave Road	
	Bryn Mawr, PA 19010	
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(Use attachment if necessary) LE V: Other provisions, if any.	e e e e e e e e e e e e e e e e e e e	
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LE V: Other provisions, if any. REQUIRED SIGNATURE:		
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree felor	iat
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document in the submitted in the submitted in a document in the submitted in the submitted in the submitted in a document in the submitted in the submitted in a document in the submitted in a document in the submitted in a document in the submitted in the submitted in a document in the submitted in a document in the submitted in a docu	ce with section 605.0203 (1) (b), Florida Statutes. I am aware to cument to the Department of State constitutes a third degree felories.	iat
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document in the submitted in the submitted in a document in the submitted in the submitted in the submitted in a document in the submitted in the submitted in a document in the submitted in	ce with section 605.0203 (1) (b). Florida Statutes, I am aware t	iat

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

ARTICLE IV-

Company: