L18000068983

(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:

MRUUD ZOUS

MAR 2 0 2018 T. SCOTT



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SECRETARY OF STANE
TALLAHASSEE, FLORIDA



March 7, 2018

KATIE REAL ESTATE, LLC 320 W. DAVIE BLVD. FORT LAUDERDALE, FL 33315

SUBJECT: KATIE REAL ESTATE, LLC

Ref. Number: W18000020118

We have received your document for KATIE REAL ESTATE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 918A00004190

RECEIVED

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DIVISION OF CORPORATION

HAT DRAWATION SERVICES

COVER LETTER

Division of C			
SUBJECT:	Kg Tie 1	(les) (sty les sulting Florida Limited Con	LLC
	(Name of Res	sulting Florida Limited Con	npany)
		_	d fees are submitted to convert an "Othe coordance with s. 605,1045, F.S.
Please return all corr	respondence concerning	g this matter to:	
Thomas S	i ledesco, Ji	, ,	
Us Tal 1	(Contact Person)		
	(Firm/Company) Davie Blud	<u> </u>	
	(Address)		
Fort Lain	(Address) Selds/C DL. City, State and Zip Code)	33311	
Fregusto	1 Claxis con be used for future annual re	1	
For further informat	ion concerning this ma	tter, please call:	
Mame of Cont	Tedeson, Jr.	_at (<u>Jry</u>) <u>4</u> (Area Code) (Day	4J-1776 rtime Telephone Number)
	for the following amount a bank located in the		sed by this office must be payable in US
	☐S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	
STREET ADDRES	SS:	MAILING A	
New Filing Section Division of Corpora	tions	New Filing S Division of C	
Clifton Building		P. O. Box 63.	•

Tallahassee, FL 32314

2661 Executive Center Circle 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: (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on $\frac{\xi/2}{(\text{date of organization, formation or incorporation})}$.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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.

2018 MAR 20 PM 4: 08
SECRETARY OF STATE

Signed this 2017 day of February	
Signature of Authorized Representative of Lim	·
Signature of Authorized Representative: Printed Name: 1. 12040, 11.	make the second
Printed Name: Akinas J. 78040, JI-	Title: Minsping Meinter
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	777
Printed Name: Thomas J. Tedula Ju	_ little: //isns/)ng //en/21
Signature:Printed Name:	Title:
Signature:Printed Name:	Tid
rimited Name:	THIC
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Tielas
rinicu ivanic.	Time:
Signature:	
Signature:Printed Name:	Title:
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
· · · · · · · · · · · · · · · · · · ·	•
If Florida General Partnership or Limited Liabil	ity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership
Signatures of ALL General Partners.	no sameten i arracionipa
All others:	
Signature of an authorized person.	
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Must contain the words "Limited Liability Company.	LC , "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	office of the Limited Liability Company is:
Principal Office Address: Mailin 32) Well Drive Slvd Fold Condex Agle, FL JIJJT Lett	ng Address: W. Davre flyd T. Cruderdyll, Or IIII
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent, business entity with an active Florida registration.)	
The name and the Florida street address of the registered Name John No. Jeda Name John No. Jeda Name John No. Jeda Florida street address (P.O. Box No. Florida street address (P.O. Box No. City Having been named as registered agent and to accept so liability company at the place designated in this cert registered agent and agree to act in this capacity. I furt statutes relating to the proper and complete performant accept the obligations of my position as registered a	OT acceptable) Zip Service of process for the above stated limited tificate. I hereby accept the appointment as ther agree to comply with the provisions of a tince of my duties, and I am familiar with and
Registered Agent's Signature (R. (CONTINUED)	SECRETARY OF STALLAHASSEE, FLORED

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Thomas J. Tedesco JI. (2) W. Deve fluch Ent Gudwidge Pr 713/1
m.G.A.	Cothe Tedesco JZ) W. Daise Shed GNY LANDULFILE, GZ JJJ/1

REQUIRED SIGNATURE:

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.

Typed or printed name of signoc

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)