48000079949

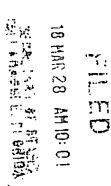
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600311039756

83/28/18--01005--019 **185.00



APR 0 2 2018

T SCHROEDER

COVER LETTER

TO:	New Filing Se Division of C				
SHRIE		truction Systems, LLC			
SODAL			ulting Florida Limi	ed Con	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:		
Ronnie	Key				
		(Contact Person)		•	
Key Cor	nstruction System	ns, LLC			
		(Firm/Company)	-	-	
3564 Da	awn Avenue				
		(Address)		-	
Kissimn	nee, FL 34744				
	((City, State and Zip Code)		-	
kkey63@	@gmail.com				
E-ma	ail Address: (to b	e used for future annual re	port notifications)	-	
For fur	ther information	on concerning this ma	tter, please call:		
Ronnie I	Key		_at (⁴⁰⁷	802-8	3178
	(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 for	0.00 Filing Fees Conversion for Articles nization)	\$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 Fi Division Clifton	ET ADDRESS iling Section on of Corporati Building executive Center	ions	New F Divisio P. O. B	iling S on of C lox 63	Corporations

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: Key Construction Systems, Inc. -91942
(Enter 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 incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
November 16, 2016 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:
Key Construction Systems, 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.

Signed this March day of 23	20 <u>18</u> .	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:	ne Key	
Printed Name: Ronnie Key	Title: Manager	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Romine Key		
Signature: Ronnie Key	Title: President/Owner	
Signature: Printed Name:	Title:	
Signature: Printed Name:	Tial	
Printed Name:		
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:		
Signature: Printed Name:	Title	
rimed Name.	_ Title.	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin:	
Signatures of <u>ALL</u> General Partners.	y mined i uriner simp.	
All addresses		
All others: Signature of an authorized person.		
orginature of an authorized person.		
<u>Fees:</u>		ŝ
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$25.00 \$125.00	ii.
Certified Copy:	\$30.00 (Optional)	5.2 S.2
Certificate of Status:	\$5.00 (Optional)	Ţſ.

18 HAR 28 AM IO: OI

ADDICTE I N	
ARTICLE I - Name:	
The name of the Limited Liability Company	' 1S :
Key Construction Systems, LLC	<u> </u>
(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ADTICLE II Address.	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3564 Dawn Avenue	3564 Dawn Avenue
Kissimmee, FL 34744	Kissimmee, FL 34744
	ered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another the registered agent are:
Ronnie Key	ame
IN:	ane
3564 Dawn Avenue	
Florida street address (l	P.O. Box NOT acceptable)
Kissimmee	FL 34744
City	Zip
liability company at the place designate registered agent and agree to act in this ca	nd to accept service of process for the above stated limited ed in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and
	s registered agent as provided for in Chapter 605, F.S
accept the obligations of my position as	Signature (REQUIRED)

			_	
ΔR	11	C 1		IV.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Ronnie Key 3564 Dawn Avenue Kissimmee, FL 34744	<u> </u>
		_
AMBR	Kristy Key 3564 Dawn Avenue	_
	Kissimmee, FL 34744	_ _
		_
		
		_
(Use attachment if necessary)	7	ē
		TAK
LE V: Other provisions, if any.		2 70
	1	- -
	1 40 5 10	5
REQUIRED SIGNATURE:		_
Romit Key		
Signature of a member or : This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree to	e t fel
Ronnie Key		
Ту	ped or printed name of signee 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)