

LI 8000 106381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

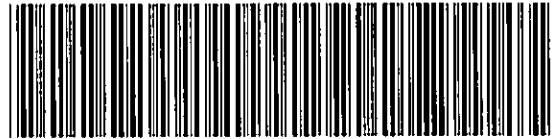
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000312614150

04/30/18--01008--009 \*\*185.00

RECEIVED  
18 APR 30 AM 11:14

FILED  
18 MAY -2 PM 1:29  
SUCCESSION  
FALL 18001

M. MOON

MAY 02 2018



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. cky group inc  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In ☐ Pick up time: \_\_\_\_\_ ☐ Certified Copy ☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials	
--------------------	--

Articles of Conversion  
For  
"Other Business Entity"  
Into  
Florida Limited Liability Company

FILED  
18 MAY - 2 PM 1:29  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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:  
CKY GROUP INC.

(Enter Name of Other Business Entity)

P170000 21707

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 FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on MARCH 07, 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:  
CKY GROUP 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 24 day of April 20 18

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: \_\_\_\_\_  
Printed Name: KELVY FERNANDEZ Title: MGR

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]  
Printed Name: KELVY FERNANDEZ Title: PRESIDENT

Signature: [Signature]  
Printed Name: KELVY FERNANDEZ Title: VICE-PRESIDENT

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 Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

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.

FILE  
1811  
18 MAY -2 PM 1:29

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CKY GROUP LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC,")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:

Mailing Address:

10511 BISCAYNE BLVD

SAME

#4679

AVENUE, FL 33130

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another individual entity with or without Florida registration.)

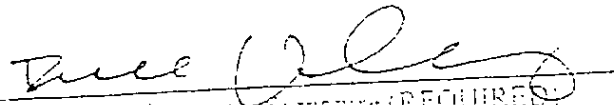
The name and the Florida street address of the registered agent are:

ZONE VELAZQUEZ, CPA, PA  
Name

100 N. Biscayne Blvd, Suite 1108  
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33132  
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, as 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 as provided for in Chapter 601, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE

16 MAY -2 PM 1:28

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

KELVY FERNANDEZ

20533 BISCAYNE BLVD STE: 4-679

AVENTURA, FL 33180

YENSY FERNANDEZ

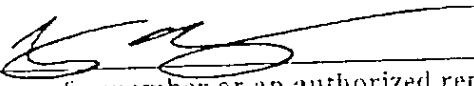
20533 BISCAYNE BLVD STE: 4-679

AVENTURA, FL 33180

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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.317.155, F.S.

KELVY FERNANDEZ

Typed or printed name of signee

FILED  
18 MAY -2 PM 1:28  
STATE OF FLORIDA  
DEPARTMENT OF STATE