# L18000/2738/

(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:
W18-40286 incompleta

Office Use Only



600312387226

04/26/18--01022--011 \*\*25.00

05/16/18--01020--021 \*\*100.00

SEE, FLORIO

18 MAY 18 AM 8:

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April 30, 2018

JOSEPH KENNETT HK TITLE SOLUTIONS, LLC 217 N LOIS AVE, STE. A TAMPA, FL 33609

SUBJECT: HK TITLE SOLUTIONS, LLC

Ref. Number: W18000040286

We have received your document for HK TITLE SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$100.00.

The document submitted is incomplete. Enclosed is the complete form for your convenience.,

Please return 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) 245-6051.

Letter Number: 118A00008848

Karen A Saly Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

TO:	O: New Filing Section Division of Corporations				
SUB.	IECT: HK TITE	E SOLUTIONS, LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Name of Re	sulting Florida Limit	ed Cor	npany)
		s of Conversion, Artic	les of Organizati	on, an	id fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
JOSEI	PH KENNETT				
		(Contact Person)	_	•	
нк т	TLE SOLUTION:	S, LLC			
		(Firm/Company)	·	•	
217 N	. LOIS AVENUE,	SUITE A			
		(Address)			
ТАМІ	PA, FL 33609				
	((	City, State and Zip Code)	-	•	
JOE@	HKTITLE.COM				
E-r	nail Address: (to b	e used for future annual re	port notifications)	•	
For fu	ırther informati	on concerning this ma	tter, please call:		
JOE K	ENNETT		_at (_ <sup>727</sup>	3080	129
	(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
dollar		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fc & \$ <b>€</b>	Filing Fees or Conversion (Conversion)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
STREET ADDRESS:				ADDRESS:	
New Filing Section			New Filing Section		
	ion of Corporat n Building	ions	Divisio P. O. B		Corporations 27
	Executive Cent	er Circle			FL 32314

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: HK TITLE SOLUTIONS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 7/20/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: BK TITLE 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.
AHATIN SECULATION OF SECURATION OF SECURATIO

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Signed this 24TH	day of APRIL	20_18	
Signature of Author	rized Representative	of Limited Liability Compa	nv:
Signature of Authoriz Printed Name: <u>JOSEPI</u>	zed Representative: _ IKENNETT	Title: MGRM	
		Entity: [See below for require	ed signature(s)
Signature:	4	Title: MGRM	
Printed Name: <u> </u>	siph/Kennett	Title: MGRM	
Signature:		Title;	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:		Title:	
Printed Name:		Title:	
Signature:		Title:	
Printed Name:		Title:	<del></del>
Signature:	<del></del>	Title:	
Printed Name:	•	I itle:	<del></del>
	n. Vice Chairman. Dire	ector, or Officer. ed, an Incorporator must sign.	
If Florida General P Signature of one Gene	<mark>artnership or Limite</mark> d eral Partner.	Liability Partnership:	
<u>If Florida Limited Pa</u> Signatures of <u>ALL</u> Go		Liability Limited Partnershi	<u>p:</u>
All others: Signature of an author	rized person.		
Fees:			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

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

Mailing Address:

ARTICLE I - Name:

**ARTICLE II - Address:** 

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

	Joseph	hennell,	CSq.		
	<b>V</b>	Name			
	217 N. L	ois Aue.,	Ste. A		
	Florida street addre	ss (P.O. Box <u><b>NO</b></u>	$\underline{\mathbf{T}}$ acceptable)		
	Tampa	<u>FL</u>	33609 Zip		
	City		Zip		
liability compores registered agent of statutes relating	ned as registered ager any at the place desig and agree to act in thi g to the proper and co ligations of my position	nated in this certy 's capacity. I furt mplete performar	ficate, I hereby of the firm agree to consider to consider the firm and the firm as provided and the firm as provided the firm as f	accept the appo nply with the pr and I am famil	intment as ovisions of all iar with and
	(C	ONTINUED)		SECRETAKY OF S TALLAHASSEE, FL	FILED

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Joseph Kennett, Esq. 217 N. Cois Ave., Ste A Temps FC 33609
MGRM	Denielle Kennett 217 N. Lois Air, Ste. A Temps, FL 33602
MGRM	Kristen 1-layes 217 N. wis Ave. Ste. A Tage FC 37602
	18 MAY ALLAHA
(Use attachment if necessary)	ILED
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.817.155, F.S.

Joseph Kenett, Esc.
Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)