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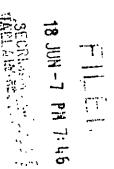
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:	New Filing S Division of C						
SUR	JECT: KJ Cavali	•					
300	JEC1	(Name of Res	ultinį	g Florida Limito	d Con	mpany)	
				_		nd fees are submitted to convert an "accordance with s. 605.1045, F.S.	Other
Pleas	e return all corr	espondence concernin	g thi	s matter to:			
James	Sperry						
		(Contact Person)					
KJ Ca	valiers LLC					~~~.	<u>ج</u> ــ
-		(Firm/Company)					00
1399	Belcher Rd S Lot I	62					F
		(Address)					
Largo	FL 33771					At the state of th	-0 -1:
	((City, State and Zip Code)				·	!
kjcava	ilier1965@gmail.c	om				ه ميو د يا	. ξ
E-	mail Address: (to b	e used for future annual re	port r	notifications)			
For f	urther informati	on concerning this ma	tter,	please call:			
Sandr	а Ѕреггу		at	(⁷²⁷	215-7	7525	
	(Name of Conta	ct Person)		(Area Code)	(Day	7525 ytime Telephone Number)	
		or the following amou a bank located in the		-	ocess	sed by this office must be payable ir	ı US
(\$25 f	50.00 Filing Fees or Conversion 5 for Articles panization)	\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I I Certified Copy		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STR	EET ADDRES	S:		MAILI	NG A	ADDRESS:	
New	Filing Section			New Fil			
	ion of Corporat	ions				Corporations	
	n Building	G: 1		P. O. Bo			
266 l	Executive Cent	er Circle		l allahas	see, l	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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: KJ Cavaliers LLC
(Enter Name of Other Business Entity)
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
(Enter state, or if a non-U.S. entity, the name of the country)
01 May 2018 on (date of organization, formation or incorporation)
(date of organization, formation of meorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
KJ Cavaliers 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 01	day of June	2018	
Signature of Auth	orized Representati	ve of Limited Liability Company:	
Signature of Autho	rized Representative:		
Printed Name: James	Sperry	Title: Sole Member	
Signature(s) on be	half of Other Busines	ss Entity: [See below for required signature(s)]
Signature:			
Printed Name: James	Уѕретту	Title: Sole Member	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	_
If Florida Corpora	ition:		
Signature of Chairm	nan, Vice Chairman, D	Director, or Officer.	
If Directors or Office	ers have not been sele	ected, an Incorporator must sign.	
If Florida General	Partnership or Limit	ted Liability Partnership:	
Signature of one Ge	eneral Partner.		
If Florida Limited	Partnership or Limit	ted Liability Limited Partnership:	
Signatures of ALL	General Partners.	-	
All others: Signature of an auth	norized person.		
Fees:			
	Campamian	¢35.00	
Anicies of	Conversion:	\$25.00	

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
KJ Cavaliers LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," 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:
1399 Belcher Rd S Lot 162	1399 Belcher Rd S Lot 162
Largo FL 33771	Largo FL 33771
The name and the Florida street address of Christine 1401 Duncar Florida street addres Dune din City	Name Loop W, #304 s (P.O. Box NOT acceptable)
Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position Registered Agent	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)

Α	RTI	CI	F	IV_{-}
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
AMBR and MGR	James Sperry			
	1399 Belcher Rd S Lot 162			
	Largo FL 33771			
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(Use attachment if necessary)	•			
(Coo announced in necessary)				
	1,94			
CLE V: Other provisions, if any.				
222 (Totalet provisions, it uni).				
REQUIRED SIGNATURE:				
MEQUINED SIGNATURE.				
Signature of a member or	an authorized representative of a member			
This document is executed to accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that			
any false information submitted in a docu	ment to the Department of State constitutes a third degree felony			
as provided for in s.817.133, F.5.	, , , , , , , , , , , , , , , , , , , ,			
I C				
James Sperry				
! y	ped or printed name of signee			
	MILLION MODE			

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)