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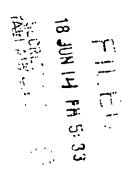
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BakerHostetler

June 11, 2018

Baker&Hostetler LLP

SunTrust Center, Suite 2300 200 South Orange Avenue Orlando, FL 32801-3432

T 407.649.4000 F 407.841.0168 www.bakerlaw.com

Sarah M. Austin direct dial: 407.649.4287 smaustin@bakerlaw.com

PERSONAL AND CONFIDENTIAL

VIA U.S. MAIL

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

J.K. of Central Florida, LLC Conversion Paperwork Re:

Dear Sir or Madam:

Please find enclosed the following paperwork regarding J.K. of Central Florida, LLC:

- 1. Cover Letter
- 2. Articles of Conversion for Other Business Entity into Florida Limited Liability Company

I have also enclosed a check in the amount of \$150.00 for the filing fees. Should you have any questions, please do not hesitate to contact our office. Thank you for your assistance with this matter.

Sincerely,

Baker & Hostetler LLP

Sarah M. Austin

Legal Assistant to Keith C. Durkin, Esq.

ancele M. Clastin

Enclosures

Atlanta Chicago Houston Los Angeles 112229,000001 4851-6834-9801,1

Cincinnati New York

Cleveland Orlando

Columbus Philadelphia

Denver

Costa Mesa Seattle Washington, DC

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: J.K. Of Central Florida, LLC	
(Name of Re	esulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:
Keith C. Durkin	
(Contact Person)	
Baker & Hostetler, LLP	
(Firm/Company)	
200 South Orange Avenue, Suite 2300	
(Address)	
Orlando, Florida 32801	
(City, State and Zip Code)	
jk8285@aol.com	
E-mail Address: (to be used for future annual r	report notifications)
For further information concerning this m	atter, please call:
Keith C. Durkin	at (407) 649-4005
(Name of Contact Person)	at (407) 649-4005 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	and Certified Copy Certified Copy, and Certificate of Status MAILING ADDRESS:
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee. FL 32314

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.

	Florida, Inc. 097(XXX)81775
	(Enter Name of Other Business Entity)
2. The "Othe	r Business Entity" is a
(1	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organize	d. formed or incorporated under the laws of
09/22/1997 on	
(date of org.	anization, formation or incorporation)
3. The name	of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
J.K. Of Central	Florida, LLC
	(Enter Name of Florida Limited Liability Company)
1 15	
4. II not ence	ctive on the date of filing, enter the effective date:
(The effective	e date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(The effective the date this Note: If the date	
(The effective the date this Note: If the date document's effective the date of the date o	e date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after document is filed by the Florida Department of State.) e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 15 day of May	20_18	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:Printed Name: Jayanti K. Patel	Itala Manager	
Signature(s) on behalf of Other Business Entity:		
Signature: Printed Name: Jayanti K. Patel	Title: President	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	e.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Norman	
ARTICLE I - Name: The name of the Limited Liability Company i	s:
J.K. Of Central Florida, LLC	
(Must contain the words "Limited Liab	ility 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:
1849 Pine Bay Drive	1849 Pine Bay Drive
Lake Mary, Florida 32746	Lake Mary, Florida 32746
(The Limited Liability Company cannot serve as its own Reg- business entity with an active Florida registration.) The name and the Florida street address of the	
Jayanti K. Patel	
Nai	me
1849 Pine Bay Drive	O. Pou NOT accountable)
riorida street address (r.	O. Box NOT acceptable)
Lake Mary City	FL 32746 Zip
Chy	Ζ.ιμ
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complet accept the obligations of my position as	I to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S [grature (REQUIRED)]

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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	
MGR	Jayanti K. Patel
	1849 Pine Bay Drive
	Lake Mary, Florida 32746
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: 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 the contract of Statutes as third degree follows:
REQUIRED SIGNATURE: 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 the ment to the Department of State constitutes a third degree feld

Typed 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)