118000184025

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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18 JUL 31 AM 9: 49
SECRETARY OF STATE
TALL AHASSET, FLORIDA

AUG 0 1 2018 T SCHROEDER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: JK HA LL	.C		
	(Name	of Resulting Florida Lim	ited Company)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	spondence concernin	g this matter to:	
John Suwatson, Esq.			
	(Contact Person)		
Genova Burns LLC			
	(Firm/Company)		
494 Broad Street			
	(Address)	•	
Newark, New Jersey 0710	02		
(C	ity, State and Zip Code)	<u> </u>	
jsuwatson@genovaburns.	com		
E-mail Address: (to be	used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Joseph Harris		_at ()_22	1-2100
(Name of Contac	et Person)	(Area Code) (E	Daytime Telephone Number)
Enclosed is a check for	or the following amou	int:	
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
STREET ADDRESS Registration Section	÷	Registratio	
Division of Corporation	ons	Division of P. O. Box O	Corporations
Clifton Building 2661 Executive Center	er Circle		5527 2. FL 32314

INHS11 (06/15)

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.

JK HA LLC	ess Entity" immediately prior to the filing of the Article	s of Conv	/ersio	n is:
(E	nter Name of Other Business Entity)			
2. The "Other Business Entity" is	Limited Liability Company			
2. The one stands stand	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorpo	orated under the laws of New Jersey (Enter state, or if a non-U.S. entity, the r			
June 29, 2012	(Enter state, or II a non-O.S. entity, the I	iame of the	: counti	у)
(date of organization, formation or in	ncorporation)			
3. The name of the Florida Limite JK HA LLC	ed Liability Company as set forth in the attached Artic	les of Or	ganiz	ation:
(Enter Nam	ne of Florida Limited Liability Company)			
4. If not effective on the date of f	iling, enter the effective date:			
date this document is filed by the date listed in the attached Articles	e prior to date of receipt or filed date nor more than the Florida Department of State; <u>AND</u> 2) must be the les of Organization, if an effective date is listed there loss not meet the applicable statutory filing requirements, this date ment of State's records.	same as i in.)	the ef	fective
5. The plan of conversion has bee	n approved in accordance with all applicable statutes.			
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f (Page 1 of 2	SEOR FALLA	ال 18	
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		ST.	<u>^</u>	1

•	
Signed this 26 day of July	20_18
Signature of Authorized Depresentative of Lin	ited Liability Company
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: Joseph Harris	1112
Printed Name: Joseph Harris	Title: Authorized Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Joseph Harris	
Signature:	
Printed Name: Joseph Harris	Title: Authorized Member
Signature:	71°.1
Printed Name:	Hille:
Simature	
Signature:	Title
Timed Nume.	
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
S'	
Signature:Printed Name:	Title
rifficed Name.	Title.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
<u>If Florida General Partnership or Limited Liabili</u>	tv Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
organities of ADD General Fathers.	
All others:	
Signature of an authorized person.	
,'	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

Page 2 of 2

18 JUL 31 AH 9: 49
SEUBLIARY OF STATE

FILED

The name of the	Name: e Limited Liability Co	mpany is:	
JK HA LLC			
	(Must end with the words "L	imited Liability Company, "L.L.C.," or "U.C.")	
ARTICLE II - The mailing add		s of the principal office of the Limited	Liability Company is:
Principal Offic	ce Address:	Mailing Address:	
3 Rickland Drive Sewell, NJ 08080		3 Rickland Drive Sewell, NJ 08080	
(The Limited Liabili business entity with	ity Company cannot serve as in an active Florida registration	Registered Office, & Registered Ager ts own Registered Agent. You must designate an in i.) ess of the registered agent are:	
	CT Corporation Syste	em	
		Name	
	1200 South Pine Islan Florida street add	nd Road dress (P.O. Box <u>NOT</u> acceptable)	
	Plantation	FL 33324	
	Cit		
liability ce ' registered ag	ompany at the place des ent and agree to act in tting to the proper and	gent and to accept service of process for signated in this certificate. I hereby acce this capacity. I further agree to comply complete performance of my duties, and ition as registered agent as provided for	ept the appointment as with the provisions of all d I am familiar with and
	Jan M. Doj Registered Ag	James M. Halpin - Assistant Secretary gent's Signature (REQUIRED)	7.5 - -
		James M. Halpin - Assistant Secretary gent's Signature (REQUIRED) CONTINUED)	FILED 18 JUL 31 MH 9 SECRETARY OF STALL AHASSEE, FLC

ARTICLE IV-

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

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Joseph Harris	_
	3 Rickland Drive	_
	Sewell, NJ 08080	_
ANGE	72 II - 17 - 1	
AMBR	Kelly Harris	_
	3 Rickland Drive	-
	Sewell, NJ 08080	_
		_
		_
		_
		_
		_
(Use attachment if necessary)		
days after the date of filing.)	be specific and cannot be more than five busin	
	ne applicable statutory filing requirements, this date will no records.	ot be lis
the date inserted in this block does not meet that's effective date on the Department of State's	records.	ot be lis
the date inserted in this block does not meet that's effective date on the Department of State's	ne applicable statutory filing requirements, this date will no records.	ot be lis
the date inserted in this block does not meet the st's effective date on the Department of State's CLE VI: Other provisions, if any.	records.	ot be lis
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the date inserted in this block does not meet that's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	records.	ot be list
the date inserted in this block does not meet that's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in account to the content of t	records. The applicable statutory filing requirements, this date will not records. The applicable statutory filing requirements, this date will not records. The applicable statutory filing requirements, this date will not record. The applicable statutory filing requirements, this date will not record. The applicable statutory filing requirements, this date will not record. The applicable statutory filing requirements, this date will not record.	ot be list
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