18000337118

(Request	or's Name)	
(Address		
(Address)		
(City/Stat	e/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

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COVER LETTER

TO: New Filing S Division of C					
SUBJECT: KHZ LL	c				
	(Name of Res	ulting Florida Limite	d Con	npany)	
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organizatic ability Company	on, an " in ac	d fees are submitted to convert an "O coordance with s. 605.1045, F.S.	ther
Please return all corr	uspondence concernin	g this matter to:			
Melissa N. Champagne					
	(Contact Person)				
Community Law & Title	, PA		·		
	(Firm/Company)				
6601 Memorial Hwy, St	219				
	(Address)				
Tampa, FL 33615					
(1	Jity, State and Zip Code)				
umass92@yahoo.com					
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	ner, please call:			
Melissa Champagne		31 (813	475-4	4454	
(Name of Conta	ict Person)	ar ((Day	time Telephone Number)	
	or the following amou a bank located in the	int: (All checks pi		sed by this office must be payable in t	US .
(\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180,00 Firing that and Certified Copy			
STREET ADDRES	S:	MAILI	NG A	ADDRESS:	
New Filing Section		New Fil			
Division of Corporat	ions			Corporations	
Clifton Building		P. O. Bo	ox 63.	27	

Tallahassee, FL 32314

INHS11 (7/17)

2661 Executive Center Circle

Tallahassec, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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 8.605.1045. Florida Statutes.

	(Enter Name of Other Business Entity)
2. The "Other Busic	Entity" is a
	ype. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, forn	or incorporated under the laws of Massachusetts
2	(Enter state, or if a non-U.S. entity, the name of the country)
March 25, 2015	
(date of organization	rmation or incorporation)
3. The name of the	rida Limited Liability Company as set forth in the attached Articles of Organization:
KHZ LLC	
	(Enter Name of Florida Limited Liability Company)
The effective date: the date this docum	e date of filing, enter the effective date: unnot be prior to date of receipt or filed date nor more than 90 calendar days after t is filed by the Florida Department of State.)
(The effective date: the date this docum Note: If the date inserte document's effective dat 5. The plan of conve 6. The "Converted or	innot be prior to date of receipt or filed date nor more than 90 calendar days after t is filed by the Florida Department of State.) this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records. On has been approved in accordance with all applicable statutes. ther Business Entity" has agreed to pay any members having appraisal rights the amount to
The effective date: he date this document is effective date. The plan of conve. 5. The plan of conve. 6. The "Converted or	innot be prior to date of receipt or filed date nor more than 90 calendar days after it is filed by the Florida Department of State.) this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records. on has been approved in accordance with all applicable statutes.
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The effective date: he date this document is effective date. The plan of conve. 5. The plan of conve. 6. The "Converted or	this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State.) on has been approved in accordance with all applicable statutes. ther Business Entity" has agreed to pay any members having appraisal rights the amount to are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.
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(The effective date: the date this docum Note: If the date inserte document's effective dat 5. The plan of conve 6. The "Converted or	this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State.) on has been approved in accordance with all applicable statutes. her Business Entity" has agreed to pay any members having appraisal rights the amount to are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signed this 22 day of october	_20 <u> 8</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: By Printed Name: Ken Hash@m/	Welmy Title: Manager	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Em hashemi Printed Name: Ken Hashemi		
Printed Name: Kep Hashem I	Title: Manager	
Signature:		
Printed Name:	_ Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
	···	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	v Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	ن ۽

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MOV-5 PH 12: 27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KHZ LLC				
(Must	contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address a		ripal office of the Limited Liability Company	y is:	
Principal Office Add	ress:	Mailing Address:		
9481 Highland Ave Unit 1806		1 Walker Rd Apt 10		
Tampa. F1. 33647		North Andover, MA 01845		
	npany cannot serve as its own Regi	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or and	other	
The name and the Flor	rida street address of the regi	stered agent are:		
	Ken Hashemi			
	N	lame		
	9481 Highland Ave	Unit 1806		
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)		
	Tampa	FL 33647		
	City	Zip		
place designated in t further agree to compl	this certificate. I hereby acceptly with the provisions of all standaccept the obligations of	ept service of process for the above stated lim t the appointment as registered agent and agr tutes relating to the proper and complete per my position as registered agent as provided for Agent's Signature (REQUIRED)	ee to act in this capacity. I formance of my duties, and I	
		(CONTINUED)	≥	

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Ken Hashemi	
MCM	9481 Highland Ave Unit 1806	_
	Tampa, FL 33647	_
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	- <u>}</u> -	- 18 ≍
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(Use attachment if necessary)		27
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be s days after the date of filing.)	date of filing: (OPTIC specific and cannot be more than five business days	ONAL) s prior to or 90 calenda
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE: km hg	Slww nature of a member or an authorized representative	
that the facts stated herein are true. I am aware that any	tes, the execution of this document constitutes an affirmation ur y false information submitted in a document to the Department felony as provided for in s.817.155, F.S.) HAShem Typed or printed name of signee	nder the penalties of perjury of State constitutes a third

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

ARTICLE IV-

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)