# 118000170603

| (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: | 7 |
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# COVER LETTER\*

| TO: New Filing Section Division of Corporations   |
|---|
| SUBJECT: KCAPIZ LLC (Name of Resulting Florida Limited Company)   |
| The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.   |
| Please return all correspondence concerning this matter to:   |
| PETER FAHEY   |
| PETER FAHEY (Contact Person)  |
|   |
| KCAP 12 LLC (Firm/Company)  |
| 13123 E Emerald Coast Pkwy, Ste. B #263 Pr. &   |
| (Address)   |
| (Address)  Inlet Beach, FL 32461  (City, State and Zip Code)  Pcfahey @ gmail. (om  E-mail Address: (to be used for future annual report notifications)   |
| acfahey Qamail.com  |
| Pcfahey@gmail.com  E-mail Address: (to be used for future annual report notifications)  |
| For further information concerning this matter, please call:  |
| PETER FAHEY at (203 ) 554-7164  |
| PETER FAHEY at (203) 554-7164  (Name of Contact Person) (Area Code) (Daytime Telephone Number)  |
| Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  |
| \$\sum_{\text{S150.00 Filing Fees}} \Bigcup_{\text{S155.00 Filing Fees}} \Bigcup_{\text{S180.00 Filing Fees}} \Bigcup_{\text{S185.00 Filing Fees}} \Bigcup_{\text{S185.00 Filing Fees}} \Bigcup_{\text{S185.00 Filing Fees}} \Bigcup_{\text{S185.00 Filing Fees}} \Bigcup_{\text{Certified Copy}} \Bigcup_{\text{Certified Copy}} \Bigcup_{\text{and Certified Copy}} \Bigcup_{\text{Certificate of Status}} \Bigcup_{\text{Certificate of Status}} \Bigcup_{\text{S185.00 Filing Fees}} \Bigcup_{\text{Certified Copy}} \Bigcu |

#### 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.

| l.              | The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: KCAP12 LLC  |
|-----------------|---|
|                 | (Enter Name of Other Business Entity)   |
| 2.              | The "Other Business Entity" is a /imited liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  |
| Fi              | rst organized, formed or incorporated under the laws of   |
| on              | November 28, 2012 (date of organization, formation or incorporation)  |
| 3.              | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
|                 | KCAPIZ LLC  |
|                 | (Enter Name of Florida Limited Liability Company)   |
| 4.              | If not effective on the date of filing, enter the effective date:   |
| th<br><u>No</u> | 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 e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.   |
|                 | SECRE TALLAH  |

| Signed this/ St day of November_  | _ 20 <u> 18</u>  |  |
|---|--|--|
| Signature of Authorized Representative of Limit   | /  |  |
| Signature of Authorized Representative: Printed Name: PETER FAHEY   | Title: MGR   |  |
| Signature(s) on behalf of Other Business Entity: [  | See below for required signature(s)                            | 181  |
| Signature: Printed Name: PETER FAHEY  | Title: MGR   | CARRIED TO THE TOTAL TOT |
| Signature:Printed Name:   | Title:   | BOY 21 MILST   |
| 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 Liabilit<br>Signature of one General Partner.                             | ty Partnership:  |  |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.                       | y 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<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |  |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| ARTICLE II - Addres The mailing address and                 |   | ipal office of the Limited Liability Comp   | pany is:                        |
|---|---|---|---------------------------------|
| Principal Office Addr                                       | ess:  | Mailing Address:  |                                 |
| 280 Rosemary Avenu  | ıe  | 13123 E Emerald Coast Pkwy  |                                 |
| Panama City Beach,  | FL 32461  | Ste. B # 263  |                                 |
|   |   | Inlet Beach, FL 32461   | <del></del>                     |
| The Limited Liability Comp<br>business entity with an activ | oany cannot serve as its own Regi   | ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or  | r another ASE CRE               |
| The Limited Liability Compousiness entity with an activ     | pany cannot serve as its own Regine Florida registration.)  da street address of the reginer Fahey                      | ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or stered agent are:                              | r another ALSE                  |
| The Limited Liability Compousiness entity with an activ     | pany cannot serve as its own Regine Florida registration.)  da street address of the regine Fahey  N  13123 E Emerald C | ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or stered agent are:                              | 18 NOV 21 SECRE IARY TALLAHASSE |
| The Limited Liability Compousiness entity with an activ     | pany cannot serve as its own Regine Florida registration.)  da street address of the regine Fahey  N  13123 E Emerald C | ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or stered agent are:  ame oast Pkwy, Ste. B # 263 | 18 NOV 21 SECRE IARY TALLAHASSE |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| "AMBR" = Authorized Member  | Name and Address:   |                                 |
|---|---|---------------------------------|
| "MGR" = Manager<br>MGR  | Peter Fahey   |                                 |
| Mon   | 13123 E Emerald Coast Pkwy, Ste. B # 263  | -                               |
|   | Inlet Beach, FL 32461   | -                               |
|   |   | -                               |
| <del></del>   |   |                                 |
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|   |   |                                 |
|   |   | -                               |
|   |   | _                               |
| (Use attachment if necessary)   |   | -                               |
|   |   |                                 |
| RTICLE V: Effective date, if other than the   | e date of filing: (OPTIO  | NAL)                            |
| RTICLE V: Effective date, if other than the an effective date is listed, the date must by after the date of filing.)                                      | e date of filing: (OPTIO e specific and cannot be more than five business days  | NAL)<br>prior to or 90 calenda  |
| ys after the date of filing.)   | e date of filing: (OPTIO e specific and cannot be more than five business days  | NAL.)<br>prior to or 90 calend: |
| RTICLE V: Effective date, if other than the an effective date is listed, the date must by after the date of filing.) RTICLE VI: Other provisions, if any. | e date of filing: (OPTIO e specific and cannot be more than five business days  | NAL) prior to or 90 calend:     |
| ys after the date of filing.)   | e date of filing: (OPTIO  | NAL) prior to or 90 calend      |
| ys after the date of filing.)   | e date of filing: (OPTIO) e specific and cannot be more than five business days | NAL) prior to or 90 calend      |
| ys after the date of filing.) RTICLE VI: Other provisions, if any.  | e date of filing: (OPTIO ee specific and cannot be more than five business days | NAL.) prior to or 90 calend     |
| TICLE VI: Other provisions, if any.  COUIRED SIGNATURE:   | e date of filing: (OPTIO se specific and cannot be more than five business days | NAL.) prior to or 90 calend     |
| EQUIRED SIGNATURE:  Solution accordance with section 605.0205 (3), Florida Stathat the facts stated herein are true. I am aware that                      |   | der the penalties of perjury    |

ARTICLE IV-

Filing Fees: