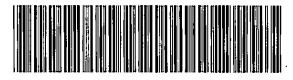
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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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W18-102674



November 28, 2018

CAROLAN K MACVANE 425 FLOTILLA RD NORTH PALM BEACH, FL 33408

SUBJECT: CKM CONSULTANTS LLC

Ref. Number: W18000102674

We have received your document for CKM CONSULTANTS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by all of the general partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist III

Letter Number: 118A00024214

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SECRETARY OF PIAIL

COVER LETTER

0089327)		
Resulting Florida Limited Con	mpany)	
ning this matter to:		
e)		
l report notifications)		
matter, please call:		
at (561) 308-	1582	
	ytime Telephone Number)	
nount: (All checks proces ne United States)	sed by this office must	be payable in US
s \$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and " Certificate of Status	18 N SEC: TALL
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	ticles of Organization, and Liability Company" in a ming this matter to: I report notifications) matter, please call: at (\frac{561}{\text{Area Code}})\frac{308-}{\text{Carea Code}} \text{(Da nount: (All checks process ne United States)} s \frac{\$180.00 \text{Filing Fees}}{\text{and Certified Copy}} MAILING A New Filing S Division of OP. O. Box 63	Resulting Florida Limited Company) ticles of Organization, and fees are submitted to Liability Company" in accordance with s. 605. ning this matter to: e) I report notifications) matter, please call:

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.

CKM Consultants Inc (P17000068361) (Enter Name of Other E	Auginese Entity)
·	oustices thirty)
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limi	ted partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the la	(Enter state, or if a non-U.S. entity, the name of the country)
8/14/2017 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Comp	pany as set forth in the attached Articles of Organization:
CKM Consultants LLC (L08000089327)	
(Enter Name of Florida Limited	Liability Company)
4. If not effective on the date of filing, enter the eff	fective date: 11/20/2018
(The effective date: Cannot be prior to date of re	ceipt or med date nor more than 90 calendar days after
the date this document is filed by the Florida De Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	licable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in acc	ordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agre which such members are entitled under ss. 605.100	eed to pay any members having appraisal rights the amount to 06 and 605.1061-605.1072, F.S.

Page:

Signed this 15 day of Novemb	<u>er_20_18</u>			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative: C.K. MacVane Printed Name: Carolan K. MacVane Title: MRGR				
Signature(s) on behalf of Other Business Ent	hity: [See below for required signature(s)]			
Signature: C.K.MacVanu Printed Name: Carolin K. Macs	Jana Title:			
Signature:				
Signature: Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
	Title:			
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected.				
If Florida General Partnership or Limited I Signature of one General Partner.	liability Partnership:			
If Florida Limited Partnership or Limited I Signatures of ALL General Partners.	.iability Limited Partnership:			
All others: Signature of an authorized person.				

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: \$125.00

\$30.00 (Optional)

Certified Copy: Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		≱8 5±.
CKM Consultants LLC (L08000089327) (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
A25 Flotilla Rd North Palm Beach, FL 33408	425 Flotilla Rd North Palm Beach, FL 33408	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
Ryan Kadyszewski Name		
Name		
2560 RCA Blvd, Ste 111 Florida street address (P.O.	Box NOT acceptable)	
Palm Beach Gardens	FL 33408	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete placept the obligations of my position as regional Registered Agent's Signal	this certificate, I hereby accept the ty. I further agree to comply with erformance of my duties, and I am istered agent as provided for in Cl	e appointment as the provisions of all familiar with and hapter 605, F.S TALLAHA
(CONTINU	JED)	SSFE CO

itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
1GR	Carolan K Mac Vane
	425 Flotilla Rd
	North Palm Beach, FL 33408
	<u></u>
	<u> </u>
Use attachment if necessary)	** · ·
• /	<u></u>
DW Od '''	English English
E V: Other provisions, if any.	De Contraction de la Contracti
· ·	
EQUIRED SIGNATURE:	
(*. #	A SMALONALLE -
Signature of a member or	an authorized representative of a member
This document is executed in accordance any false information submitted in a docur	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
as provided for in s.817.155, F.S.	clan K. MucVane
<u>, , , , , , , , , , , , , , , , , , , </u>	ped or printed name of signee