L19000002605

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	<u></u>
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Nam	
(BU	isiness Entity Ivair	ie)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special mondenions to	· ming contact.	

Office Use Only



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JAN 0 4 2019

COVER LETTER

TO: New Filing Son Division of C				
SUBJECT:	T+K HOL	DINGS III ulting Florida Limited Con	LLC	
	(Name of Res	ulting Florida Limited Con	npany)	
		-	d fees are submitted to convert ecordance with s. 605.1045, F.	
Please return all corre	espondence concerning	g this matter to:		
_	. 4		ų,	
JOSEPH	(Contact Person)	<i>)</i>		
	(Contact Person)	_	;	
		.		
	(Firm/Company)	vet.		
15230 W	ILSHINE W	AY		
	(Address)			
PEM BROKE	E PINES F City, State and Zip Code)	2		
((City, State and Zip Code)			
JRACAA	9@GMAIL.	COM		
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
JOSEPH R.	PADRON	at ($\frac{20}{}$) 7	73-4229	
(Name of Conta	ict Person)	(Area Code) (Day	rtime Telephone Number)	
	or the following amou a bank located in the	•	sed by this office must be payal	ble in US
\$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	25185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILING A	ADDRESS:	
New Filing Section		New Filing S	ection	
Division of Corporations Division		Division of C	Corporations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

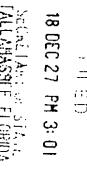
"Other Business Entity"

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>corporation, limited partnership, general partnership, common law or business trust, etc.</u>)
First organized, formed or incorporated under the laws of FLORIAA (Enter state, or if a non-U.S. entity, the name of the country)
on ///9/20/4 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: DATE OF FILING (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document'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.





,		
Signed this 20 th day of becember	- 20 <u>/8</u> .	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative: Printed Name: Tos EPN R - PAD RON	Title: UP	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s	s)
Signature: Printed Name: J. R. PA Drow		
Printed Name: G. R. PADRON	Title: <i>V P</i>	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:	Title	
Signature:Printed Name:	Title:	
Signature:	Title:	
Signature:Printed Name:		·
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Ind		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		18
Fees:		FIL 18 DEC 27 ALLAHASS
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILED C27 PH 3: 0 LAG DESIGN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
T+K HOLDINGS (Must contain the words "Limited Liability)	III., LLC	
(Must contain the words "Limited Liability of ARTICLE II - Address: The mailing address and street address of the printing address."		
Principal Office Address:	Mailing Address:	
NEMBROKE PINES, FL 33027	PEMBROKE	ILSNIAG WAY FINES, FL 33027
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 reg		
TosEPH R. Name	PADRON	_
<u> </u>		_
·	-	, 7
	Zip	-
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby v. I further agree to co vrformance of my duties	accept the appointment as mply with the provisions of all s, and I am familiar with and
Registered Agent's Signa	ture (REQUIRED)	_
(CONTINU	ED)	FILED 18 DEC 27 PM 3: 01 SEGRETARS OF STATE TALLAMASSEE, FLORIDA

ARTICLE IV-

as provided for in s.817.155, F.S.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	KATHLEEN C. PADRON 15230 WILSHIRE WAY PEMBROKE PINES, FL 33027
AMBR	JOSEPH R. PABRON 15230 WILSHIRE WAY PEMBRONE PINES, FL 33027
(Use attachment if necessary)	18 DEC 2
ARTICLE V: Other provisions, if any.	PH 3: 0
	3
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony

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)