L19000055539

(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:
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02/26/19--01013--002 **155.00



N CULLIGAN MAR 6 2019

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: KCC Social Strategist (CC) (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:
Christine Cushing (Contact Person) KCC Social Strategist LC (Firm/Company) DUE TO RETURNED CHECK (Address)
(City, State and Zip Code) Christostiss al. Medica E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Christine Cushing at (314) 371-503a (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)
\$150.00 Filing Fees (\$25 for Conversion & Status \$155.00 Filing Fees and Certificate of Status \$155.00 Filing Fees and Certificate of Status \$125 for Articles of Organization) \$\square{1}\$\$155.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
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

INHS11 (2/17)

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Articles of Conversion

For

FILED 19 FEB 26 AM 9: 16

"Other Business Entity"

Into SELACIANY OF STAFL
Florida Limited Liability Compain LAHASSEE, FLORIDA

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 s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
KCC Social Strategist LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on \(\sum_{\text{COURTY}} \) \(\text{(Enter state, or if a non-U.S. entity, the name of the country)} \) \(\text{(date of organization, formation or incorporation)} \)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
KCC Social Strategist LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $\frac{1}{2}$
(The effective date: 1) 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; AND 2) must be the same as
the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
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 1	this 5 day of APCI	20 ()	FILING CANCELLED		
orgined i			DUE TO RETURNED CHECK		
Signatu	re of Authorized Representative of Limit	ed Liability Company	<u>:</u>		
	re of Authorized Representative: (COON) Name: Karen Cushing				
Signatu	re(s) on behalf of Other Business Entity: [5]	See below for required :	signature(s)		
Fianatu	re: Cho's thoa Calaba	ح.			
Printed 1	Name: Christine Cushing	Title: Member			
Signatur	re:				
Printed 1	Name:	Title:			
Signatui	re:				
Printed	re:Name:	_ Title:	 		
Signatui	re:				
Printed i	Name:	_ Title:			
Signatui	re:				
Printed :	re: Name:	Title:			
Signatu	re: ,				
Printed	re:Name:	_ Title:			
lf Flori	da Corporation:				
Signature of Chairman, Vice Chairman, Director, or Officer.					
If Direct	tors or Officers have not been selected, an Inc	orporator must sign.			
	da General Partnership or Limited Liabilit	y Partnership:			
Signatu	re of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership:					
Signatu	res of <u>ALL</u> General Partners.				
All othe Signatur	ers: re of an authorized person.				
	P				
Fees:	i				
	Articles of Conversion:	\$25.00			
	Fees for Florida Articles of Organization:	\$125.00			
	Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)			
	Certificate of Status.	υυ (Optionar)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	FILING CANCELLED
The name of the Limited Liability Company is:	DUE TO RETURNED CHECK
KCC Social Strategy (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 Liability Company is:
Principal Office Address:	Mailing Address:
2007 Oak St. Mclhowne, Fl. 32901	2007 Oak St. Mclbourne, F132901
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-	ered Agent. You must designate an individual or another
Christine L. C.	ushing
Florida street address (P.O.	
Melbor ne City	FL 32901 Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, F.S.
Registered Agent's Sign	ature (REQUIRED)

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ARTICLE IV-	DUE TO RETURNED CHECK
The name and address of each per Company:	son authorized to manage and control the Limited Liability
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Christine Cushing 2001 Ock St.
AMBR	Melbourne Fl. 32901 Karen Cushing 2007 Oak St. Melbourne Fl. 32901 Fr. 7
	SSEE FLORIDA
(Use attachment if necessary)	
If an effective date is listed, the date m prior to or 90 calendar days after the da	eet the applicable statutory filing requirements, this date will not be listed as the
ARTICLE VI: Other provisions, if any.	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

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)