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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ćit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
15.	Office Use Only	



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## **COVER LETTER**

(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:  William & Kim Offord  (Contact Person)  B&K HOUSINGLLC  (Firm/Company)  15143 S.E. 63RD. ave.  (Address)  Summerfield Florida 34491  (City. State and Zip Code)  williamofford1964@gmail.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  William & Kim Offord  at (352
(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:  William & Kim Offord  (Contact Person)  B&K HOUSINGLI.C  (Firm/Company)  15143 S.E. 63RD. ave.  (Address)  Summerfield Florida 34491  (City, State and Zip Code)  williamofford 1964@gmail.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  William & Kim Offord  (Name of Contact Person)  at (352 ) 480-4537 (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US
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S150.00 Filing Fees (\$25 for Conversion and Certificate of and Certified Copy (\$25 for Articles Status)  S150.00 Filing Fees (\$180.00 Filing Fees and Certified Copy (\$25 for Articles Status)  S160.00 Filing Fees (\$25 for Articles Status)  S180.00 Filing Fees (\$25 for Articles Status)
STREET ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations  Division of Corporations  Division of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

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 B&K HOUSING LLC	filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	·
The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general	al partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	a non-U.S. entity, the name of the country)
10/05/2012	,
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in	the attached Articles of Organization:
B&K HOUSING LLC	
(Enter Name of Florida Limited Liability Company)	<del></del> •
4. If not effective on the date of filing, enter the effective date:	/2019
(The effective date: Cannot be prior to date of receipt or filed date 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 document's effective date on the Department of State's records.	e.)
5. The plan of conversion has been approved in accordance with all ap	oplicable statutes.
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any mem which such members are entitled under ss. 605.1006 and 605.1061-60</li> </ol>	bers having appraisal rights the amount to 2019 MAR 11 PH 3:

Signed this eigth day of March	_ 20_19
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: William Offord	Title: agent
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: William Offers	
Printed Name: William Offord	Title: Agent and Co owner
Signature: Line Offord	
Printed Name: Kim Offord UU	Title: Co owner
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Control of Chairman, Director, or Chairman,	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability 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.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Optional)
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

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

ARTICLE I - Name:		
The name of the Limited Liability Company is	X.	
B&K HOUSING LLC		
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
15143 S.E. 63rd. ave. Summerfield FL. 34491	15143 S.E. 63rd. ave. Summerfield FL. 3445	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Region business entity with an active Florida registration.)	istered Agent. You must designate an individual or another	
The name and the Florida street address of the	registered agent are:	
William Offord		T =
Nam	in the second se	[1]
15143 S.E. 63rd. ave.	ेला कर नह जार जी 200	
Florida street address (P.O.	O. Box <u>NOT</u> acceptable)	<u>ှ</u> ဘ နှ
Summerfield	FL 34491	
City	Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	William Offord 15143 S.E. 63rd, ave.
	Summerfield FL 34491
AMBR	Kim Offord 15143 S.E. 63rd. ave.
	Summerfield FL. 34491
(Use attachment if necessary)	
(one under in necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
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REQUIRED SIGNATURE:  Signature of a member of any false information submitted in a	ror an authorized representative of a member dance with section 605.0203 (1) (b), Florida Statutes. I am aware the document to the Department of State constitutes a third degree felo

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)