

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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19 MAR -6 PM 10: 27

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
•		
SUBJECT: Kirill Kim LLC (Name of Re	sulting Florida Limite	d Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Kirill Kim		
(Contact Person)		
Keller Williams Miami Beach		
(Firm/Company)		
1680 Meridian Ave Ste 200		
(Address)	<u> </u>	
Miami Beach, FL, 33139		
(City, State and Zip Code)		
kirillkim@me.com		
E-mail Address: (to be used for future annual re	rport notifications)	
For further information concerning this ma	itter, please call:	
Kirill Kim	at (	602-0412
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amordollars and drawn on a bank located in the	•	rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) has been paid	□\$180,00 Filing and Certified Cop	•
STREET ADDRESS:	MAILI	NG ADDRESS:
New Filing Section		ing Section
Division of Corporations		n of Corporations
Clifton Building	P. O. Bo	ox 6327

Tallahassee, FL 32314

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.

	(Enter Name of Other Business Entity)
2. The "Other Business	s Entity is a Corporation structure of type. Example: corporation limited partnership, general partnership, common law or business trust, etc.
First organized, formed	for incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
05/25/2017 on	
(date of organization, to	ormation or incorporation)
The name of the Flo Kirill Kim	orida Limited Liability Company as set forth in the attached Articles of Organization:
	(Enter Name of Florida Limited Liability Company)
(The effective date: Ca	ne date of filing, enter the effective date:  annot be prior to date of receipt or filed date nor more than 90 calendar days after it 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 in the Department of State's records.
Note: If the date inserted in document's effective date of	this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 19	day of March	20_2019 .	
		Limited Liability Company:	
Signature of Author Printed Name: K.	rized Representative:	Title: President/Partner	~
		tity:  See below for required signature(s)	
Signature:Printed Name:	RILLAKim	Title: Incorporation 1Pr-	es, day
Signature: Printed Name:		Title:	_
Signature: Printed Name:		Title:	<del></del>
Signature: Printed Name:		Title:	_ _
Signature:Printed Name:		Title:	_
Signature: Printed Name:		Title:	<del></del> 
	nan, Vice Chairman, Direct	or, or Officer. , an Incorporator must sign.	
If Florida General Signature of one Ge	Partnership or Limited I	<u> .iability Partnership:</u>	
If Florida Limited Signatures of ALL		Liability Limited Partnership:	
All others: Signature of an auth	norized person.		 C
Fees:			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: AR -6 PH 10

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		C LORIDA LIVII I ED LIABI	LITT COMPANT
ARTICLE 1 - 1 The name of the	Name: e Limited Liability Compan	y is:	
KIRILL KIM LLO			
	(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		ne principal office of the Limited	Liability Company is:
Principal Offic	ce Address:	<b>Mailing Address:</b>	
1680 Meridian Av	e Ste 200,	1680 Meridian Ave Ste 200,	
Miami Beach, FL	. 33139	Miami Beach, FL. 33139	
<u> </u>			
(The Limited Liabili business entity with	ty Company cannot serve as its own in an active Florida registration.)  the Florida street address of	ered Office, & Registered Agen Registered Agent. You must designate an inc the registered agent are:	
	Kirill Kim	Name	
	1	dine	
	1680 Meridian Ave Ste 200		
	r forida street address	(P.O. Box <u>NOT</u> acceptable)	
	Miami Beach	FL 33139	
	City	Zip	
liability co registered ag statutes relo	ompany at the place designate ent and agree to act in this cu ating to the proper and comp	ind to accept service of process for ed in this certificate, I hereby acce apacity. I further agree to comply lete performance of my duties, and is registered agent as provided for	ept the appointment as with the provisions of all I am familiar with and in Chapter 605, F.S
	Registered Agent's	Signature (REQUIRED) TINUED)	MAR -6 PHIO Cadasses, Flo

#### ARTICLE IV-

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	
MGR	Kirill Kim
	1680 Meridian Ave Ste 200
	Miami Beach, FL, 33139
	***************************************
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
<u>.</u>	
REQUIRED SIGNATURE:	n
REQUIRED SIGNATURE.	J <sub>I</sub>
4	
Signature of a member of	r an authorized representative of a member
This document is executed in accordance	ce with section 605.0203 (1) (b), Florida Statutes, I am aware that
any false information submitted in a doc	rument to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	
1/2011	: '

1 yped 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)