LA0000208011

| (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: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



100327835151

04/12/19+-01028+-015 **150.00

2019 AUG 14 AM 8: 37

, tr

"Nr.

FAX COVER SHEET

| FAX COVER SHEET | | 2018 1/10 1 | % PHQ: 21 |
|-----------------|-----------------------------|-------------|-------------|
| TO | Jessica Sason | | , <u> </u> |
| COMPANY | FI Division of Corporations | | |
| FAXNUMBER | 18502456804 | | |
| FROM | D Berenson | | |
| DATE | 2019-08-1318:29:53GMT | | |
| RE | K-9 Intuition, LLC | | **** |

COVER MESSAGE

Please see the enclosed. If possible could you advise as to an estimated turnaround time. Thank you!

For "Other Business Entity"

Florida Limited Liability Company

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 8,605, 1045, Florida Statutes.

| (Enter N | ame of Other Business Entity) |
|--|---|
| Lit | .C |
| (Enter entity type: Example: co | orporation, limited partnership, general partnership, common l wich besiness unsit etc. |
| First organized, formed or incorporated | North Carolina, I under the laws of |
| | (Enter state, or if a non-l. S, entity, the name of the country) |
| September 29, 2015 | |
| On(date of organization, formation or incorpo | eration) |
| 3. The name of the Florida Limited Lia | ability Company as set forth in the attached Articles of Organization: |
| K-9 Intuition, LLC | p ^m et. |
| (Enter Name of F | lorida Limited Liability Company) |
| 4. If not effective on the date of filing, | enter the effective date: |
| (The effective date: Cannot be prior the date this document is filed by the | to date of receipt or filed date nor more than 90 calendar days after. |
| Note: If the date inserted in this block does no document's effective date on the Department o | it meet the applicable statutory filing requirements, this date will not be filted as the |
| 5. The plan of conversion has been app | royed in accordance with all applicable statutes. |
| The Converted or Other Business En- which such members are entitled under the control of the contr | tity" has agreed to pay any members having appraisal rights the amount to eriss, 605,1006 and 605,1061-605,1072, F.S. |
| which such members are entitled under | tity—nas agreed to pay any members having appraisal rights the amount to eriss, 605,1006 and 605,1061-605,1072, F.S. |

THE ED

2019 AUG | L AH 8: 3:
SECREDARY DE STAT

| Signed this 7th day of April | 20 19 |
|---|-------------------------------------|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| Signature of Authorized Representative 474 | Bune |
| Signature of Authorized Representative: 552. Printed Name: D.S. Berenson | Title: Authorized Representative |
| | |
| Signature(3) on behalf of Other Business Entity: | See below for required signature(s) |
| Cindentina FTA Recorded | |
| Signature: A. Berenson Printed Name: D.S. Berenson | Title: Attorney |
| Timed Control Discussion | Title. Takening |
| Signature: | |
| Signature: Printed Name: | Title: |
| | |
| Signature: Printed Name: | p ^{NE} . |
| Printed Name: | Inte: |
| Signature: | |
| Signature: Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Silve attacks | |
| Signature: Printed Name: | Titla |
| ranga sang. | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an In | corporator must sign. |
| ACTION AND AND AND AND AND AND AND AND AND AN | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| signature of one General Parmer, | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnershin: |
| Signatures of ALL General Partners. | C. Manuell Factors 300p. |
| - | |
| All others: | g ^{ra} fic |
| Signature of an authorized person. | |
| Europe . | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | S5.00 (Optional) |
| | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A DOMESTIC DATE OF THE STATE OF | g ^{reg} t. |
|--|---|
| ARTICLE 1 - Name: The name of the Limited Liability Company | ris: |
| K-9 Intuition, LLC | |
| (Mast contain the words "Limited Lin | bility Company, "LT C"," or "LLC") |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 300 SW 32nd Avenue | 300 SW 32nd Avenue |
| Deerfield Beach, FL 33442 | Deertield Beach, FL 33442 |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida (egistration.) The name and the Florida street address of the same and the Florida street address of the control of the cont | ered Office, & Registered Agent's Signature: egistered Agent, You must designate an individual or another the registered agent are: |
| Berenson LLP | ,st. |
| | ame |
| 4495 Mintury Trait, Suite 20. Florida street address (1 | P.O. Box <u>NOT</u> acceptable) |
| Juniter | FL 33458 |
| City | Zip |

Heving been named as registered agent and to accept service of process for the above stated has red liability company at the place designated in this certificate. Thereby accept the appointment a 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 are peoplific with a idaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

ATA Becomes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = ManagerMGR | Dian Vail Favour au MCD |
| KICIK | Rion Neil Ferguson, MGR |
| | 300 SW 32nd Ave Deerfield Beach, FL 3344 : |
| | Ar. |
| | |
| | |
| | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | |
| | |
| TLE V: Other provisions, if any, | |
| | |
| | |
| | |
| REQUIRED SIGNATURE: | g. Met. |
| DL Burner | • |
| To d 1 Commence | |
| | |
| Signature of a member or a | an authorized representat e of a member |
| Signature of a member or a This document is executed in accordance | with section 605,0203 (1) (b). Floodla Statutes, Lambachterit |
| Signature of a member or a This document is executed in accordance | with section 605,0203 (1) (b). Flood a Statutes, La may near |
| Signature of a member or a This document is executed in accordance any false information submitted in a document. | an authorized representate e of a member with section 605,0203 (1) (b). Fig. da Statutes, I a may are the neut to the Department of State constitutes a third degree felo |
| Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in <.817.155, F.S. D.S. Berenson | with section 605,0203 (1) (b). Flood a Statutes, La may near |