# L20000026171

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
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(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Name)
(Document Number)
Certified Copies Certificates of Status
<del></del>
Special Instructions to Filing Officer:

Office Use Only

CAR3 0 2020 T. SCOTT



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2020 JAN -6 MH II: 04

### **COVER LETTER**

TO: New Filing Son Division of C			
SUBJECT:	Kirk Mos (Name of Res	SIND LLL ulting Flooda Limited Con	npany)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Rebecca Pr	(Contact Person)		
Bookkeepe	(Firm/Company)		
3524 BA	usell St.		
SACYAMEY	Address)	5821	
becky (0. b	City, State and Zip Code)  Cobbookk  e used for future annual re	ERDINA.CON	
For further information of Conta	on concerning this man	at (916)67	rime Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable 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	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:	Street	Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### **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)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORDINATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on July 09, 2014 (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)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 8 JAN 2020.
(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.

i and	
Signed this 2 <sup>nd</sup> day of January	20,20.
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Kink Mossing	Ą
Signature of Authorized Representative:	Title
Printed Name: Kirk Mossing	Title: CEO
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature:	0
Signature: Printed Name: Kick Mossin A	Title: Yresident/Chairman
$0 \times 0 \times 0 \times 0$	
Signature: Sebeck Parktr	
Printed Name: Kebecck Veryter	Title: Theorgorperor
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Cimatura	
Signature:	Title:
rinted Name.	Title.
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	0.07
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u>	y Limited Partnership:
Signatures of ALL General Partners.	
All othores	
All others: Signature of an authorized person.	
Signature of all authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Kirk Mossing L	LC.
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
55 Turnstone Dr. SAtety HARBOR FL 34675 US	3524 Bausell St. SACRAMENTS (A. 9588)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Kirk M.	0551ng/
Name	
55 Turnstone	Ur.
Florida street address (P.O.	Box NOT acceptable)

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)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	m.1
AMBIR	Shawn Mossini
	SOO N OSCEDIA AVED FOT 10" LIBACHATE: FL 33755"-3931
MGR	Rabarra Pankta
11101	3524 BAUSELL ST
	12824 A) Ethiomaziaz
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
	v ρ . \Ω. h.
CLE V: Other provisions, if any.	Kilne Pake
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree fe

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