(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

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COVER LETTER

Division of C			
SUBJECT:	Kakapi	Marketing sulting Florida Limited Con	LLC_
	(Name of Re	sulting Florida Lim u d Cor	mpany)
		_	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
	Contact Person) GK a po Mark (Firm Company)	Williams	
K	akapo Mark (Firm Company)	cting LIC	
<u>8a</u>	(Address)	Shadow (
	City, State and Zip Code)	FL 32317	-
E-mail Address: (to l	e & Kakaper De use Hor future annual re	narketing. co	m
For further informati	on concerning this ma	tter, please call:	
Name of Contr	utillians ict Person)	_at (<u>251</u>) = (Area Code) (Da	2 13 -4570 etime Telephone Number)
	for 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	S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add		Stree	t Address:
New Filing Section			Filing Section
Division of Corporations P.O. Box 6327			ion of Corporations Centre of Tallahassee
r.O. DOX 0327		1110	zenia e or i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

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 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)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on April 26,2012 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Kakapa Marketing LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (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.

Signed this 31 day of January	20_20
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Dessica Williams	Title: C EO
Signature(s) on behalf of Other Business Entity:	
Signature: 2 2 Williams Printed Name: Session Williams	Title: CEO
Signature:Printed Name:	m. i
Printed Name:	Title:
Signature:Printed Name:	Tid
Signature:Printed Name:	reat
Printed Name:	1 me:
Signature:Printed Name:	Title
Signature:	dr. i
Printed Name:	Title:
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must conatin the words "Limited Liability Company, "LL.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
8217 Dancing Shadow Ct.	8217 Dancing Shadar Ct
Tallahasse, PL 32312	Tallaha see, pt 32312

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

8217 Dancing Shadow Ct.

Florida street address (P.O. Box SOT acceptable)

Tallahassee, FL 32312

City State 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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Jessica Ann Williams AMBR	8217 Dancing Shadow Ct. Tallahassee, Pd. 32312
Jason Jacob Williams AMBR	8217 Dancing Shadow Ct. Tallahassee, PL 32312
(Use attachment if necessary)	
If an effective date is listed, the date must be spec he date of filing.)	filling:
REQUIRED SIGNATURE:	
This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
<u>Jess</u>	ca for Williams 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)