# LACCOONSTA

(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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2020 MAR 12 AM 7: 42 SEGREDARY SEATE





Division of Corporations

## FLORIDA DEPARTMENT OF STATE

March 5, 2020

MICHAEL A MCKELLER 1336 LOMA LINDA CT SARASOTA, FL 34239

SUBJECT: FRANDEV, LLC Ref. Number: W20000024317

We have received your document for FRANDEV, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 820A00004859

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www.sunbiz.org

W W W .Sulloiz.org

#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: FranDev, LLC		
(Name o	f Resulting Florida Lim	mited Company)
	<del>-</del>	ration, and fees are submitted to convert an "Other any" in accordance with s. 605.1045, F.S.
Please return all correspondence conce	rning this matter to:	o:
Michael McKeller		
(Contact Person)		<del></del>
FranDev, LLC		
(Firm/Company)		
1336 Loma Linda Ct.		
(Address)		<del></del>
Sarasota, FL 34239		
(City, State and Zip Co	ide)	<del></del>
michael.mckeller@gmail.com		
E-mail Address: (to be used for future annu	ial report notifications)	<u></u>
For further information concerning this	matter, please call:	II:
Michael McKeller	at ( <u>404</u>	981-7153
(Name of Contact Person)	(Area Code	ode) (Daytime Telephone Number)
Enclosed is a check for the following a dollars and drawn on a bank located in		as processed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Feature and Certificate of Status		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address: 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: FranDev, ELC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a FranDev, LLC  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
745(4)
on //15/11 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FranDev, 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 12	2 day of March	20 20 .
Signature of	Authorized Representative of Li	mited Liability Company:
	Authorized Representative:	
Signature(s)	on behalf of Other Business Entity	[See below for required signature(s)]
Signature:	$\bigwedge$	
Printed Name	Michael McKeller	Title: General Partner
Signature: Printed Name	:	Title:
Printed Name	•	Title:
Signature:		Title:
Printed Name	<u> </u>	Title:
Signature:		20.4
Printed Name	;	Title:
_	rporation: Chairman, Vice Chairman, Director, ( r Officers have not been selected, an	
	eneral Partnership or Limited Liab one General Partner.	ollity Partnership:
	<u>mited Partnership or Limited Liab</u> <u>ALL</u> General Partners.	ility Limited Partnership:
All others: Signature of a	in authorized person.	
Fees:		
Fees f Certif	es of Conversion: for Florida Articles of Organization fed Copy: feate of Status:	\$25.00 : \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
FranDev, LLC		
(Must contain the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
1336 LOMA LINDA CT	1336 LOMA LINDA CT	
SARASOTA, FL 34239	SARASOTA, FL 34239	
The name and the Florida street address of th  Michael A. McKeller  Na  1336 LOMA LINDA CT	ne registered agent are:	
	O. Box NOT acceptable)	
SARASOTA	FL 34239	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	I in this certificate, I hereby according I further agree to complete performance of my duties, and	cept the appointment as ly with the provisions of all nd I am familiar with and
		2020 SEC:
	ignature (REQUIRED) INUED)	ZOZO MAR 12 AM : SECALIZARI UTS TALLAHASSEE,

#### 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				
AMBR	Trailblazer Holdings, LLC			
	1336 Loma Linda Ct.			
	Sarasota, FL 34239			
AMBR	Bon Bini Holdings, LLC			
	1336 Loma Linda Ct.			
	Sarasota, FL 34239			
AMBR	KCCM Development, Inc.			
	4541 Forest Peak Circle			
	Marietta, GA 30066			
	manaka, art adada	=-1771	<del>-</del> ≋	
AMBR	WHC Properties LLC		2020 MAR	CAPE
	980 Birmingham Rd., Suite 501-397	D:::	_ <del>}</del>	243
	Alpharetta, GA 30004	<del>- 2</del> 2	2	( <del></del>
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(Use attachment if necessary)		SE.	=	7
(Ose differential in necessary)			7	C
		1	7: 42	_
ARTICLE V: Other provisions, if any.		rri	2	
<u>REQUIRED</u> SIGNATURE:				
	an authorized representative of a me with section 605.0203 (1) (b), Florida Statutes.			

Michael McKeller

as provided for in s.817.155, F.S.

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)

any false information submitted in a document to the Department of State constitutes a third degree felony