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(Requestor's Name)
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,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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APR 1-0 2020

TOMMY D. PERMENTER, JR.



Bellwether Professional Park 2201 S.E. 30th Avenue, Suite 202 Ocala, Florida 34471 TELEPHONE
(352) 622-1811
FACSIMILE
(352) 622-1866
EMAIL
TOMMY@PERMENTERLAW.COM

February 7, 2020

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

MKN Holdings Inc./LLC

Articles of Conversion

Ladies and Gentlemen:

Enclosed please find the Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company for MKN Holdings Inc., for filing.

Also, enclosed is our firm's check in the amount of \$180.00 representing the filing and certified copy fees.

Thank you for your assistance in this matter. If you have any questions, please let us know.

Sincerely,

THE PERMENTER LAW F(RM, P.A.

Andrea M. Muratore, FRP 1 Florida Registered Paralegal to

Tommy D. Permenter, Jr., Esquire

AM Enclosures

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: MKN Holdings LLC	
(Name of Resulting Florida L	imited Company)
The enclosed Articles of Conversion, Articles of Organiz Business Entity" into a "Florida Limited Liability Compa	eation, and fees are submitted to convert an "Other any" in accordance with s. 605.1045. F.S.
Please return all correspondence concerning this matter t	o:
Tommy D. Permenter, Jr., Esquire (Contact Person)	
The Permenter Law Firm, P.A.	
(Firm/Company)	_
2201 S.E. 30th Avenue, Suite 202	
(Address)	
Ocala, Florida 34471	
(City, State and Zip Code)	
Tommy@Permenterlaw.com	
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please cal	l:
Tommy D. Permenter, Jr., Esquire at (352) 622~1811
(Name of Contact Person) (Area Co	de) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)	s processed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles (\$25 f	ng Fees
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED 2020 FEB 10 AM 10: 45 SECRETARY OF STATE TALLAHASSEE, FL

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 \$.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 Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et	— c.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)	·
January 1, 2020	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: MKN Holdings, 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 is reported.	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: MKN Holdings, LLC (Enter Name of Florida Limited Liability Company) 4. If not effective on the date of fifing, 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 States)	

- 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 777. day of February	20 20
Signature of Authorized Representative of Lin	
Signature of Authorized Representative:	Title Manager
Signature(s) on behalf of Other Business Entity:	Fille. Whitager
Signature: Matthew D. Nichols, Sr.	37 S
Printed Name: Matthew D. Nichols, Sr.	Title: President
Signature:Printed Name:	Title
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL 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

MKN Holdings, LLC			
(Must contain the wo	rds "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the p	principal office of the Limite	d Liability Company is:
Principal Office Address:		Mailing Address:	
923 North Magnolia Avenue		923 North Magnolia Avenue	
Suite 402		Suite 402	
Ocala, Florida 34475		Ocala, Florida 34475	
	chols, Sr. Nan gnolia Avenue, Si	ne	2020 FEB TO AHTO: 46 SECRETARY OF STATE TALLAHASSEE, FL
Ocala		FL 34475	L ATE
	City	Zip	
registered agent and agree to a statutes relating to the proper accept the obligations of my	re designated i. ct in this capac and complete position as re	n this certificate, Thereby accordity. I further agree to comply	ept the appointment as with the provisions of all d I am familiar with and

(CONTINUED)

DT:	11	۲۱)	I. 1	I۷.
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager MGR	Matthew D. Nichols, Sr.		
DICH	923 North Magnolia Avenue, Suite 402		
	Ocala, Florida 34475		
	Ocalit, Florida 34475		
	##C		
	7		
	ASS A		
(Use attachment if necessary)	L		
()			
CLE V: Other provisions, if any,			
	1964		
REQUIRED SIGNATURE:			
Signature of a member or a	in authorized representative of a member		
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware that		
any talse information submitted in a docume as provided for in \$.817.155, F.S.	nent to the Department of State constitutes a third degree felony		
as provided for 11/8.017.155, 17.3.			
Matthew D. Nichols, Sr.			
Typ	oed 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) S 5.00 Certificate of Status (Optional)