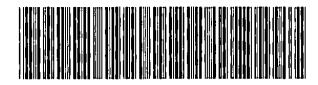
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u></u>				

Office Use Only



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UMZ1/ZumU1003 - Oct. +-150.

SEORCHARY OF STATE

M CHILICA:

COVER LETTER

TO: New Filing So			**
Division of C	orporations		
SUBJECT:	MKMT S (Name of Res	when prises outling Florida 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:	
Michele	(Contact Person)		
	(Firm/Company) (Address)		
Santa Rosa michelle so E-mail Address: (to by	Beach, FL City, State and Zip Code) Ydar 6 Swide wised for future annual re	ail. (and	
For further information Michelle Sc Taylan S (Name of Conta	on concerning this man y day ay day ct (Yerson)	tter, please call: 404 42 _at (21 7650 09 4850 rtime Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable in !
\$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	·ess:	Street	t 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

2020 JUL 13 PM 12: 55 SECRETARY OF STATE TALLA MASSEE, FL

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, Flor Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion i
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 7/12/17 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organi:
MKMT Enterprises, UC (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: April 15th Chile cleeks (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar date
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar da
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 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

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 10th day of July	_ 20_ <i>.20</i>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: Managing Whenber
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: Michelle Caydar	Title: Managing Whereber
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v 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 I - Name: The name of the Limited Liability Company is:	
MKMT Enterprise (Must contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the printing address and street address address and street address address and street address addres	
Principal Office Address:	Mailing Address:
21 Abbey Ro Sauta Rosa Beach FL, 32459 ARTICLE III - Registered Agent, Registered	21 Abbey Rd Sauta Rosa Brack FL 32459 Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	
Name	<u> </u>
Michelle - Name 21 Abbey Ra	
Florida street address (P.O.	.,
Sauto Rosa Beac City	L FL 32459 mi

Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointme registered agent and agree to act in this capacity. I further agree to comply with the provisic statutes relating to the proper and complete performance of my duties, and I am familiar waccept the obligations of my position as registered agent as provided for in Chapter 605.

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" = Manager	Michelle Saydar		
Mar	21 Abbrey Rd Beach, Fl,		
AMBR	Taylon, Saydar		
·	Santa Rosa Keuch, FL		
	SECR.		
(Use attachment if necessary)	항상 500 패기		
CLE V: Other provisions, if any.	FL		
REQUIRED SIGNATURE:			
This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony		
- Mich	yped or printed name of signee		
Ty	yped or printed name of signee		

Filing Fees

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

Control Number: 170

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal office that

MKMT Enterprises LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia below date. Said entity is in compliance with the applicable filing and annual registration provisi-Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certific cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statem commencement of winding up or any other similar document has been filed or is pending w Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prim evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 149 Date Inc/Auth/Filed: 07/1 Jurisdiction : Gee Print Date : 12/ Form Number : 211

