20000277850

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Bootinett (Tallisel) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



900352073249

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 |
|--|
| REFERENCE : 418534 7785846 |
| AUTHORIZATION: Synellike man |
| COST LIMIT : \$ 150.00 |
| ORDER DATE : September 14, 2020 |
| ORDER TIME: 1:13 PM |
| ORDER NO. : 418534-015 |
| CUSTOMER NO: 7785846 |
| |
| DOMESTIC FILING |
| NAME: KENT ROAD STRATEGIES LLC |
| |
| EFFECTIVE DATE: |
| ARTICLES OF INCORPORATION |
| CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION/CONVERSION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Amanda Robinson - EXT.62968 |

EXAMINER'S INITIALS:

COVER LETTER

| | ng Section of Corporations | | | |
|--|--|------------------------------------|---|------------------|
| | Road Strategies LLC | | | |
| SUBJECT: | | sulting Florida Lin | nited Company) | <u> </u> |
| | | | ation, and fees are submitted to ny" in accordance with s. 605. | |
| Please return all | correspondence concernir | g this matter to | : | |
| Alethea Funk | | | | |
| | (Contact Person) | | _ | |
| Hershman Cohen | LLC | | | た <u>う</u> 4つ |
| | (Firm/Company) | | _ | اً * |
| 123 N. Wacker Dr | ive, Suite 1600 | | | , |
| | (Address) | | _ | |
| Chicago, Illinois 6 | 0606 | | | G- 22 |
| | (City, State and Zip Code) | | _ | |
| afunk@hershco.co | om | | | - |
| E-mail Address: | (to be used for future annual re | port notifications) | ! | |
| For further inform | nation concerning this ma | tter, please call | ; | |
| Alethea Funk | | at (312 | 445-9652 | |
| (Name of (| Contact Person) | | lc) (Daytime Telephone Number) | _ |
| Enclosed is a che dollars and drawn | ck for the following amount on a bank located in the | int: (All checks United States) | processed by this office must | be payable in US |
| \$150.00 Filing For (\$25 for Conversion & \$125 for Articles of Organization) | 2 | \$180.00 Filin and Certified Co | | |
| Division (P.O. Box | ng Section of Corporations | | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit | te 810 |

Tallahassee, FL 32303

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: Kent Road Strategies LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| (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) |
| February 27, 2017 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Kent Road Strategies 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 8th day of Splember | 20 <u>_</u> 20 |
|---|--|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| Signature of Authorized Representative: Printed Name: Anne Wedner | Title: Manager |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: Cuu | ` |
| Printed Name: Anne Wedner | |
| Signature: Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | |
| Signature:Printed Name: | Title |
| | |
| Signature: Printed Name: | _ Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | Officer |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: |
| All others: Signature of an authorized person. | |
| <u>Fees:</u> | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | Allian Carrage (S. L. C. Transista C. Transi | |
|--|--|------------------------|
| (Must contain the words "Limited Lis | ability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of th | e principal office of the Limited Liabil | lity Company is: |
| | | |
| Principal Office Address: | Mailing Address: | |
| 2669 S. Bayshore Drive | 2669 S. Bayshore Drive | |
| Unit 903 | Unit 903 | |
| Miami, Florida 33133 | Miami, Florida 33133 | |
| ADTICLE III Degistered Agent Degists | and Office & Decisional Association | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R | ered Office, & Registered Agent's St. Registered Agent. You must designate an individual | gnature: or another |
| business entity with an active Florida registration.) | ф В | 0 |
| Desired chirty with an active i fortun registration.) | | గాన |
| | he registered agent are: | 20 34 · |
| | he registered agent are: | 22 9 생 기 |
| | | *-* * |
| The name and the Florida street address of t Corporation Service Com | | # |
| The name and the Florida street address of t Corporation Service Com N | pany | |
| The name and the Florida street address of t Corporation Service Components N 1201 Hays Street | pany ame | |
| The name and the Florida street address of t Corporation Service Components N 1201 Hays Street | pany | PH 1 |
| The name and the Florida street address of t Corporation Service Components N 1201 Hays Street | pany ame | |
| The name and the Florida street address of t Corporation Service Components N 1201 Hays Street Florida street address (| P.O. Box NOT acceptable) | |
| The name and the Florida street address of t Corporation Service Components N 1201 Hays Street Florida street address (Tallahassee | P.O. Box NOT acceptable) FL 32301 Zip | STRIN PHUNKT |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Amanda Robinson

Asst. Vice President

| <u>Title:</u> | Name and Address: |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | There and Addition |
| Manager | 4 M/ |
| | Anne Wedner |
| | 2669 S. Bayshore Drive, Unit 903 Miarni, Florida 33133 |
| | IMAGINI, FRORUM 33 133 |
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| | |
| EV: Other provisions, if any. | |
| | |
| | |
| EQUIRED SIGNATURE: | |

ARTICLE IV-