L20000356701

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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11/09/20--01038--014 **150.00

75.7 (19 6-101832)

Gen-Cov Conversion

COVER LETTER

Division of Corporations					
SUBJECT: KPH PARTNERS, LLC					
	alting	Florida Limite	ed Com	apany)	
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Lia					
Please return all correspondence concerning	ţ this	s matter to:			
THOMAS M. DONAHOO, JR.					
(Contact Person)					
DONAHOO & McMENAMY, P.A.					
(Firm/Company)					
245 RIVERSIDE AVENUE, SUITE 450					
(Address)					
JACKSONVILLE, FL 32202					
(City, State and Zip Code)					
tdonahoojr@dmjaxlaw.com					
E-mail Address: (to be used for future annual rep	ort n	otifications)			
For further information concerning this mat	ter. j	please call:			
THOMAS M. DONAHOO, JR.	at (. 904	354-8	3080	
(Name of Contact Person)	((Area Code)	(Dayı	time Telephone Number)	
Enclosed is a check for the following amoundollars and drawn on a bank located in the U	Jnite	ed States)		·	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 I Certified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314] ! :	New F Divisi The C 2415 Y	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8 assee, FL 32303	7.1 7.1 7.2 7.1 810

TO: New Filing Section

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.

GEORGE KPH (Enter Name of Other Business Entity)	- `
GENERAL PARTNERSHIP	
2. The "Other Business Entity" is a	on law or business trust, etc.
First organized, formed or incorporated under the laws of [FLORIDA] (Enter state, or if a non-U.S. entity, the	name of the country)
10/01/1971 on	•
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of Organization:
KPH PARTNERS. 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 9	
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 dat document's effective date on the Department of State's records.	e will not be listed as the
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 appraise which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights the amount to
	7:2

Signed this 29 day of October	202
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Melissa Printed Name: Melissa Boone	ı Baane
Signature of Authorized Representative:	4200AUPOL DAITNET
Printed Name: Melissa Boone 10292020 11	The parties
Signature(s) on behalf of Other Business Entity: 4	See below for required signature(s)
Signature: Catherine Kukpation	100
Printed Name: CATHOLIN KILKP GFOICK	_Title: _DAn.Dn. !
Signature	
Signature: Printed Name:	Title
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title
Timed I wante.	
Signature:	
Signature: Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Trined Mile.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Placida Concept Paytons his or Limited Liabili	ts: Partner him
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty raringramp.
Chighten Control Control Control	
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	·
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30,00 (Optional)
Certificate of Status;	\$5.00 (Optional)

273 W 2 - 9 TO FACE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na			
The name of the L	imited Liability Company	/ ISI	
KPH PARTNERS. I	LLC		
(M	just contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac The mailing addre		e principal office of the Limited L	iability Company is:
Principal Office	Address:	Mailing Address:	
403 NW 23RD DRI	VE	403 NW 23RD DRIVE	
GAINESVILLE, FL		GAINESVILLE, FL 32607	
The name and the	Florida street address of t DONAHOO & McMENAM	Y, P.A.	
	N	ame	
	245 RIVERSIDE AVENUE	E, SUITE 450	
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
	JACKSONVILLE	FL 32202	
	City	Zip	
liability comp registered agent statutes relatio	pany at the place designate and agree to act in this ca ig to the proper and comple	nd to accept service of process for the din this certificate. I hereby accept upacity. I further agree to comply we ete performance of my duties, and I is registered agent as provided for in	the appointment as ith the provisions of all am familiar with and

(CONTINUED)

<u>Fitte:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:

(Use attachment if necessary) LF. V: Other provisions, if any.	
LF. V: Other provisions, if any.	· .
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Viakokhici
LF. V: Other provisions, if any.	Vuxxitich
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware th
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.135, F.S. (C(+7)719)	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware the unrent to the Department of State constitutes a third degree felowick. Kirkpod in the
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REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. (Control of the Type of Type of the Type of Ty	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware the ument to the Department of State constitutes a third degree felt with Eight Color of the typed or printed name of signed Filing Fees
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REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. (G(T))(10) Ty	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware the ument to the Department of State constitutes a third degree felowick. Kirkhard A. William Free Filing Fees of Organization and Designation of Registered A.