121000022816

(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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12/04/20--01013--028 **155.00

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W2-142257





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2020

STEFANO MORANDOTTI KEENEIGHT L.L.C. 32449 SILVERCREEK WAY WESLEY CHAPEL, FL 33545

SUBJECT: KEENEIGHT

Ref. Number: W20000142257

We have received your document for KEENEIGHT and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion and Articles of Organization. A signature is missing and the entity name is missing a business suffix.

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.

Letter Number: 920A00025251

DANIEL L O'KEEFE Regulatory Specialist II 21 JAH -7 PH 4: 31

2021 JUNE - 7 P.3 3: 54

COVER LETTER

TO: New Filing S Division of C							
SUBJECT: Keeneig	•						
SUBJECT:	(Name of Res	sulting Florida I	imited Co	mpany)			
	es of Conversion, Artic o a "Florida Limited Li						ther
Please return all corr	respondence concernin	g this matter	to:				
Stefano Morandotti							
	(Contact Person)						
Keeneight I.I.c.							
	(Firm/Company)		- -		b	N	
32449 Silvercreek Wa	у				-	<u> </u>	
	(Address)					21 JAN -7	
Wesley Chapel, FL 33	545					1	
	City, State and Zip Code)	•			; · ·	PK	
morandotti@keeneigh	•						-
	be used for future annual re	nort notification	<u>s)</u>		ت. عد	$\frac{\omega}{}$	
For further informati	ion concerning this ma	tter, please ca	.11:				
Jennifer Morandotti		at (⁵⁸⁶	_\ 337-	3648			
(Name of Cont	act Person)	_ \	xde) (Da	ytime Telephone Number)			
	for the following amount a bank located in the	-	•	ssed by this office mus	t be paya	ble in l	US
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	□\$180,00 Fi and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add				et Address:			
New Filing S Division of C				Filing Section sion of Corporations			
P.O. Box 632	-			Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Keeneight
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a L.L.C. (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)
08/12/2010
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Keeneight
(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 29th day of November	20 <u>20</u>	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Name: Stefano Morandotti	Title: CEO	_
Signature(s) on behalf of Other Business Entity:		
Signature: Sofrie Mantel		χ
Printed Name: STUFANO HORANDOTTI	Title: CEO	' \
Signature:Printed Name:	Title:	_
Signature: Printed Name:	Title:	_ _
Signature:Printed Name:	Title	_
Signature: Printed Name:	Title:	 _ -
Signature:		
Signature:Printed Name:	Title:	_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		yen .
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty 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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Keeneight L.L.C. (Must contain the words "Limited Liability")	A Company of the Comp	X
(Must contain the words "Limited Liability	v Company, "L.L.C., or "L.L.C.)	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
32449 Silvercreek Way	32449 Silvercreek Way	
Wesley Chapel FL 33545	Wesley Chapel FL 33545	<u> </u>
		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registered address of the registered address.	ered Agent. You must designate an ir	
Stefano Morandotti Name		
ivanic		
32449 Silvercreek Way		
Florida street address (P.O.	Box NOT acceptable)	
Wesley Chapel	FL ³³⁵⁴⁵	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete placept the obligations of my position as registered Agent's Sign	this certificate, I hereby according. I further agree to comply terformance of my duties, and istered agent as provided for	ept the appointment as with the provisions of ali d I am familiar with and
(CONTINI	U ED)	21 JAH -

ARTICLE IV-

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	Otatana MasandaHi				
	Stefano Morandotti 32449 Silvercreek Way Wesley Chapel FL 33545				
					
	<u> </u>				
(Use attachment if necessary)					
	<u> </u>				
	.				
ICLE V: Other provisions, if any.	ω				
	· · · · · · · · · · · · · · · · · · ·				
	11 // 00				
REQUIRED SIGNATURE:					

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Stefano Morandotti

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)