# L21000267417

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

то:	New Filing S Division of C				
SHRI		ollective LLC.			
3000		(Name of Res	sulting Florida Limite	ed Con	npany)
			_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
Jesse	Krokis				
		(Contact Person)			
Krokis	Collective INC.				
		(Firm/Company)			
2666	Trilby ave				
	<u> </u>	(Address)			
North	Port, FL 34286				
		City. State and Zip Code)	<del></del>		
krokis	ر. films@gmail.con	•			
	<del>_</del>	be used for future annual re	nort notifications)		
For fu	arther informati	on concerning this ma	tter, please call:		
Jesse	Krokis		_at ( <u>941</u>	9603	816
	(Name of Conta	act Person)	(Area Code)	(Day	rtime Telephone Number)
		for the following amou a bank located in the		roces:	sed by this office must be payable in US
(\$25 fo & \$12.	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add	ress:		Stree	t Address:
	New Filing S	ection		New	Filing Section
	Division of C	•			ion of Corporations
	P.O. Box 632	2.7		The C	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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Krokis Collective INC.
(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)
03/23/2021 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Krokis Collective 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 12th day of May	20 <u>_<b>2.</b>1</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative:	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Qk	
Signature:	Title: President
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	72.1
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Trined Paint.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	•
TEEL THE STATE OF THE STATE OF	A L Carlos I Day Americk Co.
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
Signatures of ALL Ocheral Farmers.	
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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is:
Krokis Collective LLC. (Must contain the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2666 Trilby ave,	2666 Trilby ave,
North Port, FL 34286	North Port, FL 34286
The name and the Florida street addresse Krokis	Name
2666 Trilby ave	
<del></del>	ldress (P.O. Box <u>NOT</u> acceptable)
North Port	FL <sup>34286</sup>
Ci	ity Zip
liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	agent and to accept service of process for the above stated limited estignated in this certificate. I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of all I complete performance of my duties, and I am familiar with and sition as registered agent as provided for in Chapter 605, F.S
Registered A	gent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Jesse Krokis
	2666 Trilby ave,
	North Port, FL 34286
	<u></u>
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary) <b>E V:</b> Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance.	e with section 605.0203 (1) (b). Florida Statutes. I am aware
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance.	e with section 605.0203 (1) (b). Florida Statutes. I am aware
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.	e with section 605.0203 (1) (b). Florida Statutes. I am aware
Signature of a member or This document is executed in a document as provided for in s.817.155, F.S.  Jesse Krokis	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am award ument to the Department of State constitutes a third degree for printed name of signee