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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: KSA&U	Consulting, LLC			
SUBJECT.		sulting Florida Limi	nited Company)	
		_	ation, and fees are submitted to convert an ny" in accordance with s. 605.1045, F.S.	"Other
Please return all corr	respondence concernin	g this matter to:	:	
Kelley Marie Faulk				
	(Contact Person)	<u> </u>	_	
KSA&U Consulting, Ll	_C			
	(Firm/Company)		_	
PO Box 2104				
	(Address)		_	
Naples, Florida 34106				
	City, State and Zip Code)	·	_	
ksaanduconsultinglic@	gmail.com			
E-mail Address: (to b	oe used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:	:	
Kelley Marie Faulk		_at (919-5526	
(Name of Cont	act Person)		(Daytime Telephone Number)	
	for the following amou a bank located in the	•	processed by this office must be 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 and Certified Cop	•	
Mailing Add			Street Address:	
New Filing S Division of C			New Filing Section Division of Corporations	
P.O. Box 632	-		The Centre of Tallahassee	
Tallahassee,	FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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:

KSA&U Consulting, LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.	 :.)
First organized, formed or incorporated under the laws of	
on June 29, 2016 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	
KSA&U Consulting, 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.

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Signed this 2	21 day of June	20.2/				
Signature o	f Authorized Representative of Limi	ited Liability Company:				
Signature of Printed Name	Authorized Representative: Kelley Marie Faulk	Title: Owner	_			
	on behalf of Other Business Entity:					
Signature: Printed Name	Kelley Main Fault	Title: Owner	- -			
Signature: Printed Name		Title:	-			
		Title:				
Signature: Printed Name	2;	Title:	- -			
Signature: Printed Name		Title:	_			
Printed Name	2:	Title:	-			
If Directors of	orporation: Chairman, Vice Chairman, Director, or or Officers have not been selected, an Independent Partnership or Limited Liability	corporator must sign.				
	one General Partner.	<u> </u>				
	imited Partnership or Limited Liabilit ALL General Partners.	ty Limited Partnership:		62		G
All others: Signature of	an authorized person.		**************************************	21 JUN 25		
Fees:			<u>St</u> 111		.1	
Fees Certi	les of Conversion: for Florida Articles of Organization: fied Copy: ficate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TORBA	PH 12: 43		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
KSA&U Consulting, LLC		
(Must contain the words "Limited Liab	nility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Lim	ited Liability Company is:
	[, , , , , , , , , , , , , , , , , , ,
Principal Office Address:	Mailing Address:	
5935 Premier Way Unit 1345	PO Box 2104	
Naples	Naples	
Florida, 34109	Florida, 34106	
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the		
Kelley Marie Faulk		
	me	
5935 Premier Way Unit 134	15	
	O. Box NOT acceptable)	
Naples	FL ³⁴¹⁰⁹	
City	Zip	
	l in this certificate, I hereby of acity. I further agree to con te performance of my duties,	accept the appointment as apply with the provisions of all and I am familiar with and
		=

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR (President)	Kelley Marie Fauk	
	5935 Premier Way, Unit 1345	
	Naples, Florida, 34109	
		
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	<u> </u>	•
(Use attachment if necessary)		
(Ose attachment if necessary)	元 次元 元	:-
	CT	·"; .
ARTICLE V: Other provisions, if any. Provide any and all legal services.	FH 12:	
Trovide any and an legal services.		
· · · · · · · · · · · · · · · · · · ·		

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.

Kelley Marie Faulk

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)