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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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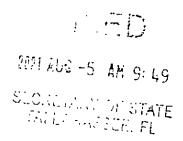
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

08/05/2021

D	te: 08/05/2021
	Acc#120160000072
Name:	Isles Kenwood Properties, LLC
Document #:	
Order #:	13817957- 9, 13
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of: Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🗸	Certified: Plain: ✓ COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 150.00

Thank you!



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: Isles Kenwood Properties, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (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)
08/25/2005
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Isles Kenwood Properties, 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 4th day of August	20_2/
√ Signature of Authorized Representative of Limit	ed Liability Company:
	10//
Signature of Authorized Representative: Printed Name: Stephen A. Fredriksen	Acle
Printed Name: Stephen A. Fredriksen	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: 2000 WC	
Printed Name: Stephen A. Fredriksen	Title: Manager
Signature:	
Printed Name:	_ Title:
Cionatura	
Signature:Printed Name:	Title
Timed ivalie.	
Signature:	
Printed Name:	Title:
· · · · · · · · · · · · · · · · · · ·	
Signature:Printed Name:	
Printed Name:	_ Title:
61	
Signature:Printed Name:	Title
Timed Name.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

Isles Kenwood Pro	perties, LLC		
(4)	Aust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing addr	ess and street address of th	ne principal office of the Limited L	iability Company is:
Principal Office	Address:	Mailing Address:	
5635 Rain Lily Cou	urt	5635 Rain Lily Court	
Sarasota, Florida		Corporate Clarida 24229	
ADTICLE III		Sarasota, Florida 34238	s Signature.
(The Limited Liability	Registered Agent, Regist	ered Office, & Registered Agent? Registered Agent. You must designate an indiv	ridual or another
(The Limited Liability business entity with a	Registered Agent, Regist	ered Office, & Registered Agent' Registered Agent. You must designate an indiv	ridual or another
(The Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own I n active Florida registration.)	ered Office, & Registered Agent' Registered Agent. You must designate an indiv	ridual or another
(The Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own I n active Florida registration.) e Florida street address of Sheila Fredriksen	ered Office, & Registered Agent' Registered Agent. You must designate an indiv	ridual or another
(The Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own I n active Florida registration.) e Florida street address of Sheila Fredriksen	ered Office, & Registered Agent? Registered Agent. You must designate an indiv	ridual or another
(The Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own I n active Florida registration.) e Florida street address of Sheila Fredriksen 5635 Rain Lily Court	ered Office, & Registered Agent? Registered Agent. You must designate an indiv	ridual or another
(The Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own I n active Florida registration.) e Florida street address of Sheila Fredriksen 5635 Rain Lily Court	ered Office, & Registered Agent' Registered Agent. You must designate an indivente the registered agent are: Name	ridual or another

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registored Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Mcmber	Name and Address:
"MGR" = Manager	
MGR	Stephen A. Fredriksen
	5635 Rain Lily Court
	Saraosta, Florida 34238
	
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(Use attachment if necessary)	<u>, </u>
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LE V: Other provisions, if any.	
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DECLUBED CLONATURE	
REQUIRED SIGNATURE:	<i>11</i> .
Grant la	
- War war	
Signature of a member of	r an authorized representative of a member
This document is executed in accordance	ce with section 605.0203 (1) (b), Florida Statutes. I am aware that
	ument to the Department of State constitutes a third degree felor
as provided for in s.817.155, F.S.	
Stephen A. Fredriksen	
-	
1	yped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)