CUUDD 386805

| (Req | uestor's Name) | |
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| (City) | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| (Busi | iness Entity Nan | ne) |
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| (Doc | ument Number) | |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to Fi | —————iling Officer: | |
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Office Use Only



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2021 JUL 26 PH 2: 57



October 21, 2020

KEVIN BABINGTON 13254 CASEY RD LOXAHATCHEE, FL 33470

SUBJECT: KEVIN BABINGTOM, LLC

Ref. Number: W20000121835

We have received your document for KEVIN BABINGTOM, LLC and your check(s) totaling \$128.75. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 920A00020863

COVER LETTER

| Division of Corpora | tions | | |
|--|---|--|--|
| SUBJECT: Kevin Babingtor | n LLC | | |
| | (Name of Resulting Florida L | imited Company) | |
| The enclosed Articles of Co Business Entity" into a "Flo | onversion, Articles of Organi orida Limited Liability Comp | ration, and fees are sub any" in accordance wit | omitted to convert an "Othe th s. 605.1045, F.S. |
| Please return all correspond | lence concerning this matter | 0: | |
| JOANNE FARRAR | | | |
| (Cont | tact Person) | | |
| JOANNE FARRAR CPA PA | | | |
| (Firm | n/Company) | | |
| 12773 W FOREST HILL BLVD | D, STE 1201 | | |
| (,, | Address) | | |
| WELLINGTON, FL 33414 | | | |
| (City, Stat | te and Zip Code) | _ | |
| ADMIN@WELLINGTONCPA.I | · | | |
| E-mail Address: (to be used for | or future annual report notification | 3) | |
| For further information conc | cerning this matter, please ca | 1; | |
| JOANNE FARRAR | at (⁵⁶¹ | , 790-2092 | |
| (Name of Contact Persor | | de) (Daytime Telephone | Number) |
| Enclosed is a check for the fidellars and drawn on a bank | ollowing amount: (All check located in the United States) | s processed by this off | ice must be payable in US |
| | 5.00 Filing Fees | | r, and |
| Mailing Address: New Filing Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231 | | Street Address: New Filing Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str | hassee |

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.

| (Enter Name of Other Business Entity) | |
|---|---------------------------|
| 2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common | |
| | |
| First organized, formed or incorporated under the laws of PENNSYLVANIA (Enter state, or if a non-U.S. entity, the n | |
| (Enter state, or if a non-U.S. entity, the n | ame of the country) |
| 07/02/2001 on | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Article | les of Organization: |
| KEVIN BABINGTON LLC | ū |
| (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 the date this document is filed by the Florida Department of State.) | calendar days after |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. | will not be listed as the |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. | |
| The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | I rights the amount to |
| | |

| 5 W 10 10 . TUIN | - 41 |
|--|--|
| Signed this 20 day of July | 20 |
| Signature of Authorized Representative of Lim | ited Liability Company: |
| Signature of Authorized Representative: | |
| Printed Name: DIANNA BABINGTON | Title: AMBR |
| Signature(s) on behalf of Other Business Entity: | See below for required signatu |
| Signature: () lune 525 / 5 | <u>-</u> _ |
| Printed Name: DIANNA BABINGTON | Title: _AMBR |
| , | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Litle: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| | Title: |
| Printed Name: | |
| Printed Name: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director. or | Officer. |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director. or | Officer. |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | Officer. corporator must sign. |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director. or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili | Officer. corporator must sign. |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Interest of General Partnership or Limited Liabili Signature of one General Partner. | Officer. corporator must sign. ty Partnership: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director. or If Directors or Officers have not been selected, an Interpretation of Chairman, Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Florida Liability Florida Limited Liability Florida Limited Liability Florida Limited Liability Florida Liabilit | Officer. corporator must sign. ty Partnership: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. | Officer. corporator must sign. ty Partnership: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: | Officer. corporator must sign. ty Partnership: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director. or If Directors or Officers have not been selected, an Interpretation of Chairman, Vice Chairman, Director. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. | Officer. corporator must sign. ty Partnership: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director. or If Directors or Officers have not been selected, an Interpretation of Chairman, Vice Chairman, Director. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. | Officer. corporator must sign. ty Partnership: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director. or If Directors or Officers have not been selected, an Interpretation of Chairman, Vice Chairman, Director. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. | Officer. corporator must sign. ty Partnership: ty Limited Partnership: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Interpretation of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Interpretation of Chairman, Interpretation of Conversion: If Florida Limited Partnership or Limited Liability (Signatures of ALL) General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: | Officer. corporator must sign. ty Partnership: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director. or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: | Officer. corporator must sign. ty Partnership: ty Limited Partnership: \$25.00 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

| KEVIN BABINGTON LLC | |
|---|---|
| (Must contain the words "Limited" | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of | the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 13254 CASEY ROAD | 13254 CASEY ROAD |
| LOXAHATCHEE, FL 33470 | LOXAHATCHEE, FL 33470 |
| business entity with an active Florida registration.) The name and the Florida street address of | Registered Agent. You must designate an individual or another the registered agent are: |
| business entity with an active Florida registration.) | |
| The name and the Florida street address of DIANNA BABINGTON | |
| The name and the Florida street address of DIANNA BABINGTON | the registered agent are: |
| The name and the Florida street address of DIANNA BABINGTON 13254 CASEY ROAD | the registered agent are: |
| The name and the Florida street address of DIANNA BABINGTON 13254 CASEY ROAD | the registered agent are: Name |
| DIANNA BABINGTON 13254 CASEY ROAD Florida street address | the registered agent are: Name (P.O. Box NOT acceptable) |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

| - " A 3 / D D " — A 116 b Anim and A / la a a | Name and Address: |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | |
| AMBR | KEVIN BABINGTON |
| | 13254 CASEY ROAD |
| | LOXAHATCHEE, FL 33470 |
| AMBR | DIANNA BABINGTON |
| | 13254 CASEY ROAD |
| | LOXAHATCHEE, FL 33470 |
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| (Use attachment if necessary) | · · · · · · · · · · · · · · · · · · · |
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| LE V: Other provisions, if any. | |
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| | 2 |
| LE V: Other provisions, if any. | 2 Suf |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | 2 Say |
| 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 tument to the Department of State constitutes a third degree fel |

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)