L21000428765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _______ Certificates of Status _______

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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OCT 01 2021

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Quality Control Group Inc
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Kendelo Hollis Jr.
(Contact Person)

Capital K Holdings LLC
(Firm/Company)

104 E Fowler Ave. Suite 205
(Address)

Tampa, Florida 33612
(City, State and Zip Code)

Hollis4success@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Kendelo Hollis Jr. at (813) 9004522
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ $150.00 Filing Fees ($25 for Conversion & $125 for Articles of Organization)

☐ $155.00 Filing Fees and Certificate of Status

☐ $180.00 Filing Fees and Certified Copy

☒ $185.00 Filing Fees, Certified Copy, and Certificate of Status

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
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 **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: Quality Control Group Inc.
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Montana
(Enter state, or if a non-U.S. entity, the name of the country)

on 04/04/2016.
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization:**

Quality Control Group LLC.
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: Upon Filing.
(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 23 day of September 20 21.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative:
Printed Name: Kendelo Hollis Jr. Title: Manager

Signature(s) on behalf of Other Business Entity: **[See below for required signature(s)]**

Signature:
Printed Name: Kendelo Hollis Jr. Title: Manager

Signature:
Printed Name: Title:

Signature:
Printed Name: Title:

Signature:
Printed Name: Title:

Signature:
Printed Name: Title:

Signature:
Printed Name: Title:

If Florida Corporation:
Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:
Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:
Signatures of **ALL** General Partners.

All others:
Signature of an authorized person.

Fees:

Articles of Conversion:	$25.00
Fees for Florida Articles of Organization:	$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Quality Control Group 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:**
104 E Fowler Ave Suite 205	104 E Fowler Ave Suite 205
Tampa, Fl. 33612	Tampa, Fl. 33612

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Capital K Holdings LLC
Name

104 E Fowler Ave Suite 205
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33612
City Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	Kendelo Hollis Jr. 104 E Fowler Suite 205 Tampa, Fl. 33612

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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.

Kendelo Hollis Jr.
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)**

MONTANA SECRETARY OF STATE

CERTIFICATE OF FACT

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify the following information for the Domestic Profit Corporation:

QUALITY CONTROL GROUP, INC.

Date Incorporated: **April 4, 2016**

Term: **Perpetual**

★Status: **Active-Good Standing**

Jurisdiction: **Montana**

Purpose: **ANY LAWFUL BUSINESS**

Registered Agent: **FIRST STEP LLC**

Agent Physical Address: **SUITE 3 1040 PARTRIDGE PLACE, HELENA, MT 59602, UNITED STATES**

Agent Mailing Address: **SUITE 3 1040 PARTRIDGE PLACE, HELENA, MT 59602, UNITED STATES**

Principal Office Address: **KENDELO HOLLIS 5610 PINNACLE HEIGHTS CIR. STE 111, TAMPA, FL 33624, UNITED STATES**

Directors / Officers

- **KENDELO HOLLIS, KENDELO HOLLIS 5610 PINNACLE HEIGHTS CIR. STE 111, TAMPA, FL 33624, UNITED STATES**

History Details:

- **04/04/2016 Initial Filing**
- **02/06/2017 Annual Report 2017**
- **02/27/2018 Annual Report 2018**
- **02/28/2018 (RA) Statement of Change of Commercial Registered Agent**
- **03/08/2019 Annual Report 2019**
- **01/30/2020 Annual Report 2020**
- **01/31/2021 Annual Report 0**
- **04/08/2021 Articles of Amendment**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 23rd day of September, 2021

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 16910523