

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duringer Entity Mages)
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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08/27/21--01027--005 **185.00

2021 SEP 2.5 PH 12: 4.0

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: hing of chao (Name of Resulting	5
(Name of Resulting	Florida Limited Company)
The enclosed Articles of Conversion, Articles of Business Entity" into a "Florida Limited Liability"	f Organization, and fees are submitted to convert an "Othe ty Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	matter to:
Nick Waling	
Mick Waling (Contact Person) King of chaos (Firm/Company)	
2257 At water [)(1/(
North port Fl 39 (City, State and Zip Code)	231
E-mail Address: (to be used for future annual report n	otifications)
For further information concerning this matter.	
Nick Waring at (Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (dollars and drawn on a bank located in the Unit	All checks processed by this office must be payable in US ed States)
_ :	\$180.00 Filing Fees I Certified Copy Certified Copy, and Certificate of Status
Mailing Address:	Street Address:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



August 31, 2021

NICK WARING 2257 ATWATER DR NORTH PORT, FL 34288

SUBJECT: KING OF CHAOS LLC Ref. Number: W21000119099

We have received your document for KING OF CHAOS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Letter Number: 521A00020961

Jessica A Fason Regulatory Specialist II

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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 Co King of Chaos Inc. (Enter Name of Other Business Entity)	onversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a COLOGIATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or	business trust, etc.
First organized, formed or incorporated under the laws of Florid (Enter state, or if a non-U.S. entity, the name of	the country)
on 4/20/21 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of (Organization:
Kings OF Chaos (Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 8 31 21. (The effective date: Capput be prior to date of receipt or filed date nor more than 90 calen.	
The effective date. Cannot be prior to date of receipt of these and have made	dar 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 document's effective date on the Department of State's records.	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 appraisal right which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	s the amount to 021 SEP 29
) 13 HO

Signed this day of \ \frac{\sqrt{5}}{5}	20 2 \
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	Title: OWNP
Signature(s) on behalf of Other Business Entity:	
Signature: 2	
Signature: Nick Valing	Title: OUNE.
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kings of chaos L.L.C.,
Alust contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

The name of the Limited Liability Company is:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2257 Atwater Dr 2257 Atwater Dr North port F1 31288 34281
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:
Nick Wallas Name
Florida street address (P.O. Box NOT acceptable)
North Port Fl. 34288 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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Munorized Member			
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(Use attachment if necessary) ICLE V: Other provisions, if any.		<u>2</u>]]21	-
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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.

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)