# 21000525483

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

TO: New Filing Section Division of Corporations	
SUBJECT: K Boss on Wheels (Name of Resulting Florida Limited Company)	
(Name of Resulting Florida Emilied Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	er
Please return all correspondence concerning this matter to:	
Kateasta Reed  (Contact Person)  K Boss on wheels  (Firm/Company)	
- K Boss on wheels	
1353 LUCRYNE COUPILA POR	
City, State and Zip Code)  Marie, Matensha 21 Danail. Com  E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
(Name of Contact Person)  Reld at (850) 369 - 5509  (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)	3
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Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## **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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on July 17 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  (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: 12:
(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 15 day of December	<u> 20 21 </u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: Owner
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: Read Reed Printed Name: Katows ha Reed	Title: Owner
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors 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 Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	ָר ק
<u>Fees:</u>	( - (
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

. - .

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:
No winter Hasen  FL 33881
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:
Katecoha Reed
1353 Lucerne LOUP Rd ME
Florida street address (P.O. Box NOT acceptable)
City Zip
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)

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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Katowsha Reed	1353 Luceine Loop Ro Winter Haven FT 33891	d
(Use attachment if necessary)		
ICLE V: Other provisions, if any.	282 282 - Cr	

Signature of a member or an authorized representative of a member

REQUIRED SIGNATURE:

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)