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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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W21-151315



November 23, 2021

ELIZABETH D GIUSTI LK SISTER 256 PAYASADA CIR PONTE VEDRA BEACH, FL 32082

SUBJECT: LK SISTER, LLC Ref. Number: W21000151315

We have received your document for LK SISTER, 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):

A sole proprietorship cannot convert into a limited liabilty company. Also, the word "Owner" cannot be used as a title.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 421A00028432

FILED

2021 DEC 14 AM 11: 25

SECRETARY OF STATE

SECRETARY OF STATE

AM 11: 25

www.sunbiz.org

COVER LETTER

то:	New Filing Sec Division of Co				
SHR	JECT: LK SISTE	R, LLC			
3013		(Name of Resu	lting Florida I.	imited Com	pany)
The e	enclosed Articles ness Entity" into	of Conversion, Article a "Florida Limited Lia	es of Organi bility Comp	zation, and any" in ac	I fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Pleas	e return all corre	spondence concerning	this matter	to:	
ELIZ	ABETH D GIUSTI				
-		(Contact Person)			
LK S	ISTER				
		(Firm/Company)			
256 F	PAYASADA CIR				
		(Address)			
PON	TE VEDRA BEAC	H, FL, 32082			
	(C	City, State and Zip Code)			
	74@gmail.com				
E	mail Address: (to be	e used for future annual rep	ort notificatio	ns)	
For t	further information	on concerning this mat	ter, please c	all:	
Eliza	beth D Giusti		_at () ²⁶¹⁸	869
	(Name of Conta	ct Person)	(Area C	Code) (Day	rtime Telephone Number)
Encl doll:	osed is a check f ars and drawn on	or the following amou a bank located in the	nt: (All chec United State	cks process s)	sed by this office must be payable in US
(\$25 & \$1	150.00 Filing Fees for Conversion 25 for Articles eganization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 E and Certified		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis The O	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

nto

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: LK SISTER, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
WISCONSIN First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LK SISTER, 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.
 - FILED

 2021 DEC 14 AM 11: 25

 SECRETARY OF STATE

Signed this 11 day of NOVEMBER	_ 20 <u></u>	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative: // c Printed Name: ELIZABETH GIUSTI	Title: MANAGER	
Signature(s) on behalf of Other Business Entity: [5]	See below for required signature(s)	
Signature: 2 / 2 / 1 - 5 / Printed Name: ELIZABETH GIUSTI		
Printed Name: ELIZABÉTH GIUSTI	Title: MANAGER	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title	
rimed Name.		
Signature:Printed Name:	Title	
Printed Name:		•
If Florida Corporation:	Off	
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	orporator must sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnersnip:	
		SEC
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
Signatures of ABB General Fundions.		AS.
All others:		0.43
Signature of an authorized person.		FLS!
Fees:)F STATE , FLORIDA
Articles of Conversion:	\$25.00	~
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional) \$5.00 (Optional)	
Certificate of Status:	45.00 (Optional)	

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2021 DEC 14 AM II: 25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
LK SISTER, LLC.					
(Must contain the words "Limited Liability	Company, "L.L.C.,"	or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of	the Limited Lia	bility Co	ompany	y is:
Principal Office Address:	Mailing Addr	ess:			
256 PAYASADA CIR	256 PAYASAD	A CIR			
PONTE VEDRA BEACH, FL	PONTE VEDRA	A BEACH, FL			
32082	32082				
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the re ELIZABETH D GIUSTI	egistered agent a				
Name					
256 PAYASADA CIR					
Florida street address (P.O.	Box NOT acce	ptable)			
PONTE VEDRA BEACH	FL 32082				
City	Zi	p			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign	this certificate, ity. I further agree of new agree of ne	I hereby accept to see to comply with my duties, and I a provided for in	the appo th the pro im famili	intment ovision. iar with 605, F	t as s of all a and
(CONTIN	UED)		SECRETAR	021 DEC 14	FE

ARTICL	E	I٧	′_
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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" = Manager MGR	ELIZABETH D GIUSTI 256 PAYASADA CIR PONTE VEDRA BEACH, FL 32082
(Use attachment if necessary)	SECRETA ALLAHAS
CICLE V: Other provisions, if any.	ARY OF SI
	1: 25 ORIDA
REQUIRED SIGNATURE:	
control in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
ELIZABETH D GIUSTI	1 in 1 - ma of ciance
Ту	/ped or printed name of signee Filing Fees

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