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(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	٦
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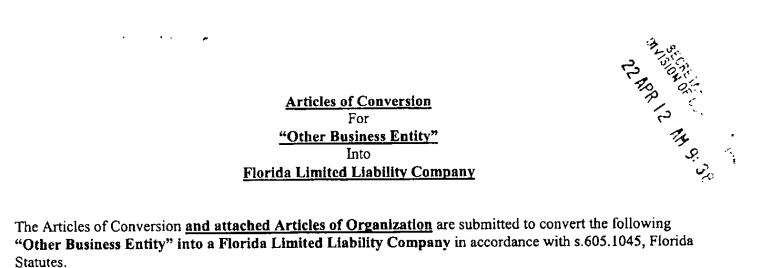
TO: New Filing Section Division of Corporations		
SUBJECT: Kaiser Legacy Group, LLC		
(Name of Resul	lting Florida Limite	d Company)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia"	es of Organizatio bility Company'	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:	
Lindsey Tipton, Esq.		
(Contact Person)		
HallerColvin PC		
(Firm/Company)		
444 East Main Street		
(Address)		
Fort Wayne, IN 46802		
(City, State and Zip Code)		
frank.kalser26@gmail.com and ltipton@hallerco	olvin.com	
E-mail Address: (to be used for future annual rep	ort notifications)	
For further information concerning this mat	ter, please call:	
Lindsey Tipton, Esq. or Marie Lucas, Paralegal	_at (²⁶⁰)426-0444
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the U	nt: (All checks p Jnited States)	processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing and Certified Cop	
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



1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Kaiser Holdings, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
07-25-2005 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Kaiser Legacy Group, 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.

Signed this 4th day of April	_ 2022
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: 7	Title: President
Signature(s) on behalf of Other Business Entity: {	
Signature: From 9. King	
Printed Name: Frank A. Kaiser	Title: President
Signature:	
Printed Name Suzanne M. Kaiser	Title: Vice-president
(
Signature:	Tido
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	ent at
Printed Name:	little:
Signature:	
Printed Name:	Title:
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 General Partnership or Limited Liabili 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.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compan	ıy is:		
Kaiser Legacy Group, LLC		· 	
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited	l Liability Company is:	
Principal Office Address:	Mailing Address:	Mailing Address:	
5934 Premier Way, Unit 2420	5934 Premier Way, Unit 242	5934 Premier Way, Unit 2420	
Naples, Florida 34109	Naples, Florida 34109		
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designate an i	ent's Signature: ndividual or another	
The name and the Florida street address of	the registered agent are.		
Frank A. Kaiser			
	Name		
5 9 34 Premier Way, Unit 24	120		
Florida street address	(P.O. Box NOT acceptable)		
Naples	FL 34109		
City	Zip		
Having been named as registered agent liability company at the place designategistered agent and agree to act in this statutes relating to the proper and compacted the obligations of my position	nted in this certificate, I hereby acc capacity. I further agree to compl plete performance of my duties, an	cept the appointment as ly with the provisions of all nd I am familiar with and	
Fraka	i. Kan		
Registered Agent'	s Signature (REQUIRED)	22 AP	
(CONTINUED)		R 12	

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Frank A. Kaiser AMBR 5934 Premier Way, Unit 2420 Naples, Florida 34109 Suzanne M. Kaiser AMBR 5934 Premier Way, Unit 2420 Naples, Florida 34109 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. **REQUIRED SIGNATURE:** trul 9. Ks 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

Frank A. Kaiser

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)

as provided for in s.817.155, F.S.