

(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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Special Instructions to Filing Officer:
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06/27/22--01044--024 **150.00



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: KM-LOGIX, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
May 17, 2017 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:
KM-LOGIX, 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 20th day of JUNE	
Signature of Authorized Representative of Lim	ited Liability Company:
Cignature of Authorized Doprocontative	Xnei
Signature of Authorized Representative: Printed Name: MAROS KMEC	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: MAROS KMEC	Tist Managing Member
Printed Name: MAHOS RMEC	Fills: Managing Member
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Trined (vanie.	
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Companyation	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
16 Florida Congral Bortnorchin or Limited Linbili	ity Partnership
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty raithership.
-	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
KM-LOGIX, LLC	
(Must contain the words "Limited	Haability Company, "L.I. C.," or "LLC")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8470 Cilton Drive	8470 Chilton Drive
Orlando, FL 32836	Orlando, FL 32836
The name and the Florida street address o	Name
8470 Chilton Drive	
	s (P.O. Box <u>NOT</u> acceptable)
Orlando	FL_32836
City	Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compacted the obligations of my position	t and to accept service of process for the above stated limited atted in this certificate. I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager MGR	Maros Kmec			
WGR	8470 Chilton Drive Orlando, FL 32836			
				
				
	-			
(Use attachment if necessary)				
(Ose attachment if necessary)				
RTICLE V: Other provisions, if any.				
Trobb V. One provisions, it may.				
	\			
REQUIRED SIGNATURE:)			
<u></u>	- ,			

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.

Maros Knuc
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) 5