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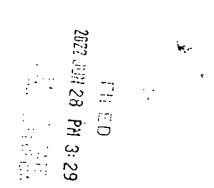
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	0700	
W27000	U 199	54

Office Use Only



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RECE VED
2022 JUN 28 AM II: 50

June 14, 2022

TENDAI S. MAKOMBE 2434 INDIAN OAK CT PALM HARBOR, FL 34683 US

SUBJECT: KENNEN FINANCIAL L.L.C.

Ref. Number: W22000079854

We have received your document for KENNEN FINANCIAL L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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.

Coates Brianna Regulatory Specialists II

Letter Number: 922A00013262

2022 JUH 28 PH 3: 29

COVER LETTER

	w Filing Se ision of Co	ection orporations					
SUBJECT	':	KENNEN	FINAN	CIAL	L.L.	<i>C</i> .	
		(Nam	e of Resulting	g Florida Limit	ed Com	pany)	-
						I fees are submitted to cordance with s. 605.10	
Please retu	rn all corre	spondence con	cerning thi	s matter to:			
	PALM (C © Ken ddress: (to be	(Contact Person V FINAN (Firm/Company INPIAN (Address) HARBOL Tity, State and Zip MEN-fi. Ce e used for future a on concerning t	FL 34 Code) OM nnual report r	notifications)			2027 JETH 28 PM 3: 29
TENIDAI	8. W	1AKOMBE	at	317	, 36	ime Telephone Number)	_
(Na	une of Conta	et Person)	<u></u>	(Area Code)	(Day	ime Telephone Number)	-
		or the following a bank located			rocess	ed by this office must b	oe payable in US
\$150.001 (\$25 for Con & \$125 for 2 of Organizat	version Articles	☐\$155.00 Filing and Certificate of Status		\$180.00 Filing I Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Ne Div P.C	uiling Addi w Filing Sovision of C), Box 632 llahassee, I	ection orporations 7			New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	· 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

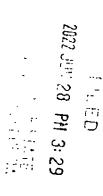
Into

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 En KENNEN FINANCE	tity" immediately prior to the filing of the Articles of Conversion is:
	me of Other Business Entity)
-	FIMITER LIABILITY COMPANY poration, limited partnership, general partnership, common law or business trust. etc.)
First organized, formed or incorporated	under the laws of TNP IAVA
	(Enter state, or if a non-U.S. entity, the name of the country)
on 01/05/2015 (date of organization, formation or incorpor	ation)
	bility Company as set forth in the attached Articles of Organization:
KENNEN FINANCIAL	LLC.
(Enter Name of Flo	orida Limited Liability Company)
4. If not effective on the date of filing, e	enter the effective date: $07/01/2022$
	o date of receipt or filed date nor more than 90 calendar days after
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been appro	oved 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 20 day of LUNE	20_22	
Signature of Authorized Representative of Limit		
Signature of Authorized Representative: Signature of Authorized Representative: Printed Name: TENHAT & MAKOMBE	Title: FOUNDER & CEO	
Signature(s) on behalf of Other Business Entity: [5]	See below for required signature(s)]	
Signature: Scher Wakese Printed Name: SCHERT-LYN MAKOMBE	Title: AUTHORIZEN MEMBER	
Signature:		
Signature: Printed Name:	_ Title:	
Signature:		
Signature:Printed Name:	Title:	
Signatura		
Signature:Printed Name:	_ Title:	
Signature: Printed Name:	Title:	
		~
Signature:Printed Name:	That	022
Printed Name:		= =
If Florida Corporation:		28
Signature of Chairman, Vice Chairman, Director, or C		2 PB 0
If Directors or Officers have not been selected, an Inc	orporator must sign.	= 0
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:	3: 29
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
<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:

KENNEN FI	NANCIAL L.L.C
	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:
2434 INDIAN DAK CT PALM HARBOR	2434 INDIAN OAK CT PALM HARBOR
PALM HARBOR	PALM HARBOR
FL 34683	FL 34683
business entity with an active Florida registration.) The name and the Florida street address o	n Registered Agent. You must designate an individual or another
TENDAI S.	
2434 INDIA	AN OAK CT
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
PALM HARBOR City	FL 34683
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)

Sendou S. Makumh___

ARTICLE IV-

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		
44.6 C		
MGR	TENNAI S. MAKOMBE 2434 INNIAN OAK CT PALM HARBOR, FL 34683	
	2434 INPIAN OAK CT	
	PALM HARBOR, FL 34683	
AMBR	SCHERI-LYN MAKOMBE	
	2434 INDIAN OAK CT	
	PALM HARBOR, FL 34683	
		3
		3
(Use attachment if necessary)	. *	-
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CLE V: Other provisions, if any.		
	SA N	

Endai S. Makunh

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.

TENNAI & MAKOMBE

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)