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| (Re | equestor's Name) | |
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| (Address) | | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Ви | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2022

KATRISHA DEEGAN 629 SW 47TH TER CAPE CORAL, FL 33914 US

SUBJECT: KATIE'S ADMIN LLC Ref. Number: W22000082516

We have received your document for 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 domesticated limited liabilty company as stated in section 605.1052, Florida Statutes. Attached is aconversion form applicable for United States Entities. Please send that form back with a copy of this letter for the credited amount of \$150.00.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 222A00013600

COVER LETTER

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| | lew Filing Se Division of Co | | | | | |
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| SUBJEC | CT: | Katies | Admir me of Resu | LLC Ilting Florida Limit | ed Comp | pany) |
| | | of Conversion | on, Article | es of Organizati | on, and | l fees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Please re | turn all corre | spondence co | oncerning | this matter to: | | |
| Ka: | trista 1 | Contact Pers | on) | | | |
| K | atie's Hd | min Ll (Firm/Compa | <u>-</u> ny) | | | |
| loc | }9 SW | 47th] (Address) | er | | | |
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| E-mail | leegan 1 | 16 amai | 1.000 | ort notifications) | | |
| For furth | er informatio | n concerning | this matt | er, please call: | | |
| <u>Ko</u> | Trista D | Seegan t Person) | | at (<u>715</u> (Area Code) |) <u> </u> | 91-801 ime Telephone Number) |
| dollars ar | | bank locate | | nt: (All checks p Jnited States) | rocesse | ed by this office must be payable in US |
| _ | O Filing Fees conversion Articles | DS155.00 Fili and Certificate Status | | □\$180.00 Filing and Certified Cop | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| N D | Lailing Addre Lew Filing Section of Co. O. Box 6327 | ction rporations | | | New Fi Divisio | Address: iling Section on of Corporations entre 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 <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: Katie's Admin LLC |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a linited liability 10 mmy (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of |
| on <u>September 9, 2019</u> (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Katie's Admin 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 <u>J8</u> day of <u>JJNe</u> | _ 20 |
|---|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Kats Printed Name: Katsiska Deegan | Title: <u>authorized Member</u> |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: Katrista Legan Printed Name: Katrista Regan | Title: Authorized Member |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature: Printed Name: | Title: |
| Signature: Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> 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) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Com | pany is: |
|---|--|
| Kotie's Admin LLC (Must contain the words "Limit | ed Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| log SW 47th Ter lape coral FL 33914 | 629 SW A7th Ter Cape Coral FL 33914 |
| | gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another |

The name and the Florida street address of the registered agent are:

Name

Name

Name

Way SW 47th Ter

Florida street address (P.O. Box NOT acceptable)

Lape Local FL 339 H

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)

| A 13.7 | TI <i>C</i> | rr | 137 |
|--------|-------------|----|-------|
| AR' | ш | LL | 1 V - |

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

| Title: | Name and Address: | | |
|--|---|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | Kutrisha Beegan 1009 SW 47th Ter Cape Coral FL 33914 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (Use attachment if necessary) | | | |
| ARTICLE V: Other provisions, if any. | | | |
| REQUIRED SIGNATURE: | | | |
| Katida Daa | | | |
| Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. | 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 | | |
| Katrisha Deed | ped or printed name of signee | | |
| Ty | ped 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)