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(Re	equestor's Name)	
(Ad	idress)	
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(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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CASHE AND OR VIDEO FRANCHISING DIVISION OF CORPORATIONS



COVER LETTER

Division of C				
SUBJECT: KAP Ex	ecutive LLC			
SOBJECT.		sulting Florida I.	imited Co	mpany)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	les of Organiz iability Comp	zation, ar any" in a	nd fees are submitted to convert an "Other accordance with s. 605,1045, F.S.
Please return all corr	espondence concernin	g this matter t	0:	
Andrew Puran				
	(Contact Person)			
KAP Executive INC				
·	(Firm/Company)			
5704 nw 48th ave				
	(Address)			
Tamarac, FL, 33319				
	City. State and Zip Code)			
kapexecutive@gmail.d	com			
E-mail Address: (to b	oe used for future annual re	port notifications	s)	
For further informati	on concerning this ma	tter, please ca	H:	
Andrew Puran		at (,8569	9456
(Name of Cont	act Person)			vtime Telephone Number)
	for the following amou a bank located in the			sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified (☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing S	ection		New	Filing Section
Division of C				ion of Corporations
P.O. Box 632	. /		The C	Tentre 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: KAP Executive INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a KAP Executive LLC (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)
04/23/2022
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : KAP Executive 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 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 26th day of August	20
Signature of Authorized Representativ	e of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Andrew Puran	Title: President /chdraen
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]
Signature: Kica Rican	Title: Vigo Chairman
Printed Name: Kirg Yuran	Title: Vigo charmen
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, Di	rector, or Officer.
If Directors or Officers have not been selec	rted, an Incorporator must sign.
lf Florida General Partnership or Limite	ed Liability Partnership:
Signature of one General Partner.	• • • • • • • • • • • • • • • • • • •
If Florida Limited Partnership or Limite Signatures of <u>ALL</u> General Partners.	ed Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees;	

\$25.00 \$125.00

Articles of Conversion:
Fees for Florida Articles of Organization:
Contilled Conversion

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
KAP Executive LLC	_	
(Must contain the words "Limited Lic	ibility Company, "L.L.C" or "LLC	···)
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Lir	nited Liability Company is:
Principal Office Address:	Mailing Address:	
5704 nw 48th ave, Tamarac. FL, 33319	5704 nw 48th ave, Tan	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the street address of th	legistered Agent. You must designat	
Andrew Puran		_
N	ame	
5704 nw 48th ave		_
Florida street address (I	P.O. Box <u>NOT</u> acceptable)	1
Tamarac	FL 33319	_
City	Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	ed in this certificate. Thereby pacity. I further agree to ca ete performance of my dutie	y accept the appointment as omply with the provisions of all ss, and I am familiar with and

"AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR	Andrew Puran, 5704 nw 48th ave. Tamarac
	FL, 33319
	
	-
Use attachment if necessary)	
Sie wittermient it necessary,	
on anti-	
·	
LE V: Other provisions, if any,	
LE V: Other provisions, if any,	
LE V: Other provisions, if any,	
LEV: Other provisions, if any, Single Member LC	
LE V: Other provisions, if any. Slost Member LC REQUIRED SIGNATURE:	
EV: Other provisions, if any. Slost Member 40	
LE V: Other provisions, if any. Slost Member LC REQUIRED SIGNATURE: Owe Re-	
Signature of a member or ar This document is executed in accordance w	authorized representative of a member ith section 605.0203 (1) (b). Florida Statutes, I am awant to the Department of State constitutes a third degree
REQUIRED SIGNATURE: Signature of a member or at This document is executed in accordance we any false information submitted in a document as provided for in s.817.155, F.S.	authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes, I am awa

ARTICLE IV-