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(	Requestor's Name)	
(.	Address)	
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(	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of \$	Status
Special Instructions to F	Filing Officer:	





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## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	11/04/2022	_ \
		Acc#I20160000072	- 4: DW
Name:	Kimco Lak	eland 123, Inc.	
Document #:			
Order #:	14620244		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Certified	Country of Destination:  Number of Certs:	
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier	Plain: COG5: Amount		
Ref#	J		

Thank you!

## Articles of Conversion For "Other Business Entity" Into

## Florida Limited Liability Company

SECRETARY OF SIMILORS
DIVISION OF CACAMAN MINES

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: Kimco Lakeland 123. Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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 it a non-O.S. entity, the name of the country)
07/24/2001
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:
Kimco Lakeland 123, 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.

	tative of Limited Liability Company:
Signature of Authorized Representati	ive: Hall Person
Printed Name: Kathleen M. Gazerro	Authorized Person
	iness Entity: [See below for required signature(s)]
Simature: XXL R.	Title: Assistant Secretary
Printed Name: Kathleen M. Gazerro	Title: Assistant Secretary
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairma If Directors or Officers have not been	
If Florida General Partnership or L Signature of one General Partner.	imited Liability Partnership:
If Florida Limited Partnership or L Signatures of ALL General Partners.	imited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

\_\_\_\_\_ 20\_22\_\_\_\_\_\_

Signed this 1st day of November

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
		2.2 VIII
Kimeo Lakeland 123, LLC		SECPE SIVISION C
(Must contain the words	"Limited Liability Company, "L.L.C.," or "Lf.C.")	₩ XXXX
ARTICLE II - Address:		
The mailing address and street add	dress of the principal office of the Limited Liabili	ty Company is:
-		<b>o</b> :
Principal Office Address:	Mailing Address:	37 F
500 North Broadway, Suite 201	500 North Broadway, Suite 201	
Jericho, New York 11753	Jericho, New York 11753	
(The Limited Liability Company cannot serve business entity with an active Florida registr		nature: or another
(The Limited Liability Company cannot serve business entity with an active Florida registr	e as its own Registered Agent. You must designate an individual oration.)  Idress of the registered agent are:	nature: or another
(The Limited Liability Company cannot serve business entity with an active Florida registr.)  The name and the Florida street ac	e as its own Registered Agent. You must designate an individual oration.)  Iddress of the registered agent are:  System  Name	nature: or another
The Limited Liability Company cannot serve business entity with an active Florida registr.  The name and the Florida street ac CT Corporation	e as its own Registered Agent. You must designate an individual oration.)  Iddress of the registered agent are:  System  Name	nature: nr another
The Limited Liability Company cannot serve business entity with an active Florida registr.  The name and the Florida street ac CT Corporation	e as its own Registered Agent. You must designate an individual cation.)  Idress of the registered agent are:  System  Name  Island Road	nature: nr another
The Limited Liability Company cannot serve business entity with an active Florida registr.  The name and the Florida street ac CT Corporation  1200 South Pine Florida street.	e as its own Registered Agent. You must designate an individual cation.)  Iddress of the registered agent are:  System  Name  Island Road  anddress (P.O. Box NOT acceptable)	nature: nr another
The Limited Liability Company cannot serve business entity with an active Florida registr.  The name and the Florida street ac CT Corporation  1200 South Pine Florida street  Plantation  Having been named as registered liability company at the place registered agent and agree to ac statutes relating to the proper	e as its own Registered Agent. You must designate an individual cation.)  Iddress of the registered agent are:  System  Name  Island Road  address (P.O. Box NOT acceptable)  FL 33324	oove stated limited appointment as he provisions of all familiar with and
The Limited Liability Company cannot serve business entity with an active Florida registr.  The name and the Florida street ac CT Corporation  1200 South Pine Florida street  Plantation  Having been named as registered liability company at the place registered agent and agree to ac statutes relating to the proper accept the obligations of my	e as its own Registered Agent. You must designate an individual cation.)  Iddress of the registered agent are:  System  Name  Island Road  address (P.O. Box NOT acceptable)  FI, 33324  City  Zip  Red agent and to accept service of process for the above designated in this certificate. I hereby accept the in this capacity. I further agree to comply with the and complete performance of my duties, and I am j	oove stated limited appointment as he provisions of all familiar with and

(CONTINUED)

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

"AMBR" = Authorized Member	
"MGR" = Manager	KRCX Florida Realty, LLC
AMBR	500 North Broadway, Suite 201
	Jericho, New York 11753
	Jeneno, New York 1775.
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
TLE V: Other provisions, if any.	
TLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware that
REQUIRED SIGNATURE:  Signature of a member or  This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE:  Signature of a member or	with section 605,0203 (1) (b). Florida Statutes, I am aware that
REQUIRED SIGNATURE:  Signature of a member or  This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	with section 605.0203 (1) (b). Florida Statutes, I am aware the iment to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE:  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.  Kathleen M. Gazerro, authorized representations.	with section 605.0203 (1) (b). Florida Statutes, I am aware the iment to the Department of State constitutes a third degree felor
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