L12000534848

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

Office Use Only



200398333612

S. CHATHAM

2022 DE - 27 PE 1:26

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE_12/27/2022	•	·WALK IN	**
ENTITY NAME Kastem	z ABI, LLC		_
DOCUMENT NUMBER_			=
	PLEASE FILE THE ATTACHED AND RETURN		
	Plain Copy		
xxxxxx	Certified Copy Certificate of Status		
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	_	
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATI	ON		
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$180	ACCOUNT #: 120160000072		
Please call Tina at the	e above number for any issues or concerns. Thank you so mu	ch!	

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: Kastemz ABI, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
06/25/2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Kastemz ABI, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/1/2023
(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 27th day of December	20 <u> 22</u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: _ Authory	- Perhins
Printed Name: Ashley Perkins	Title: Attorney-in-Fact
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Ashley Ruline	
Signature: Ashley Perkins	Title: Attorney-in-Fact
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	mid.
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tisto
rrinted Name:	Title:
Signature:	
Printed Name:	Title:
IC Charles Communication	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
•	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL 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 Lim	ited Liability Comp	any is:	
Kastemz ABI, LLC			
Ashley Perkins	ontain the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	ress:		
The mailing address	and street address o	f the principal office of the Limited Lia	bility Company is:
Principal Office Ad	drace	Mailing Address:	
Tincipal Office Au	diess.	Maining Audi CSS.	
950 Marina Drive		950 Marina Drive	
Weston, FL 33327		Weston, FL 33327	
	pany cannot serve as its ov	istered Office, & Registered Agent's wn Registered Agent. You must designate an individ	
The name and the Flo	orida street address (of the registered agent are:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<u> </u>	Jennifer E. Zakin	1000000000000 <u>000</u> 0000	
		Name	
	Mizner Park Office Tow		
<u>2</u>	225 N.E. Mizner Boule	vard, Suite 440	2
	Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	- -
В	Boca Raton	FL_33432	

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.

Zip

Ashley Perkins Ashley Perkins, Attorney-in-Fact
Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

ARTICLE IV-

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	W 0
MGR	Brian Ong 950 Marina Drive
	Weston, FL 33327
MGR	Rosally Sapla
	950 Marina Drive
	Weston, FL 33327
	
Use attachment if necessary)	
LE V: Other provisions, if any.	
and the other provisions, it uny.	
DECHIDED SIGNATURE:	
	1
REQUIRED SIGNATURE:	Ashley Perkins
	Ashley Perkins
Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	
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 awa
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awaiment to the Department of State constitutes a third degree

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)