23000138604

| (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: |
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Office Use Only



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ALLAHASSEE ALEM

GEVELOER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| Phone: 850- | 558-1500 | | | |
|--------------|--|-----|-------------|----------|
| | ACCOUNT NO. | : | 120000000 | 195 |
| | REFERENCE | : | 597013 | 8406226 |
| | AUTHORIZATION | : | | erado |
| | COST LIMIT | : | \$ (150.00 | |
| ORDER DATE | : March 17, 2023 | | | |
| ORDER TIME | 9:27 AM | | | |
| ORDER NO. | 597013-010 | | | |
| CUSTOMER NO | 8406226 | | | |
| | | | | |
| | DOMESTIC AM | END | MENT FILING | <u>3</u> |
| NAME | KRISTI BERNICK LLC | EN | TERPRISES, | |
| EFFECT | CIVE DATE: | | | |
| XX CONVER | RSION TED ARTICLES OF INCO | RPC | RATION | |
| PLEASE RETUR | RN THE FOLLOWING AS | PRC | OF OF FILI | NG: |
| XX PLA | CIFIED COPY IN STAMPED COPY CIFICATE OF GOOD STA | NDI | NG | |
| CONTACT PERS | GON: Eyliena Baker | | EXT# | |

EXAMINER'S INITIALS:

COVER LETTER

| TO: New Filing S Division of C | | | | |
|---|--|----------------------------------|---------|--|
| SUBJECT: Kristi Be | rnick Enterprises, LLC | | | |
| | (Name of Res | sulting Florida Limit | ed Con | npany) |
| | | _ | | d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Please return all corr | espondence concernin | g this matter to: | | |
| Paul C. Mallon | | | | |
| | (Contact Person) | | | |
| Kerr, Russell and Web | er, PLC | | | |
| | (Firm/Company) | | | |
| 500 Woodward Avenu | e, Suite 2500 | | | |
| | (Address) | | | |
| Detroit, MI 48226 | | | | |
| (1 | City, State and Zip Code) | | | |
| pmallon@kerr-russell. | com | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | |
| For further informati | on concerning this ma | tter, please call: | | |
| Paul C. Mallon | | _at (³¹³ | 961-0 | 0200 |
| (Name of Conta | ict Person) | (Area Code) | (Day | time Telephone Number) |
| | or the following amou a bank located in the | | rocess | ed 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 | S180.00 Filing and Certified Cop | | \$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Moiling Add | maaa. | , | C'amooa | Addrons |

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: |
|---|
| Lake Lansing Development, LLC |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a limited liability company (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) |
| 10/31/1997 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: Kristi Bernick Enterprises, 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 31 day of January | 20_23 | |
|--|--|-------------------|
| Signature of Authorized Representative of Limi | | |
| Signature of Authorized Representative: Docusting to the Company of the Compa | Portion: Portion: Member Member Member | - |
| Signature(s) on behalf of Other Business Entity: | | |
| Signature: Kristi Bernick | _ Title: Member | - |
| Signature:Printed Name: | | - |
| | | |
| Signature:Printed Name: | Title: | - - |
| Signature:Printed Name: | Title: | - |
| Signature: | | _ |
| Printed Name: | Title: | u. |
| Signature:Printed Name: | Title: | - - |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: | |
| All others: Signature of an authorized person. | | 202 SEL |
| Fees: | | 2023 HAR SECAL |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | 27 MII: |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Con | ıpany is: |
|---|--|
| Kristi Bernick Enterprises, LLC | |
| (Must contain the words "Lim | ited 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: |
| 327 7th Ave. N. | 327 7th Ave. N. |
| St. Petersburg, FL 33701 | St. Petersburg, FL 33701 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| Corporation Service Co | mpany | E E E E | | • |
|------------------------|------------------------------------|---------------|-------|----------|
| | Name | 1-11. 23.5 | MAR 2 | CET TEST |
| 1201 Hays Street | | SÃ | 27 | |
| Florida street address | s (P.O. Box <u>NOT</u> acceptable) | 200 200 | A.W | - |
| Tallahassee | FL ³²³⁰¹ | | = : | - |
| City | Zip | Γij | 59 | |

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.

Eyluwa Bubu()
Assistant Vice President
Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| AMBR | Kristi Bernick |
| | 2222 West Grand River Avenue, Suite A |
| | Okemos, MI 48864 |
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| (Use attachment if necessary) | 12월 - 1 |
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| ICLE V: Other provisions, if any. | |
| TCLE. V: Other provisions, if any. | |
| | |
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| | |
| REQUIRED SIGNATURE: | |
| $(\vee_{\iota} \mathscr{N}_{\iota})$ | |
| 1438290EB7124E0 | |
| Signature of a member or | an authorized representative of a member |
| This document is executed in accordance | e with section 605.0203 (1) (b), Florida Statutes. I am aware that |
| any false information submitted in a docu | ment to the Department of State constitutes a third degree felony |
| as provided for in s.817.155, F.S. | |
| Kristi Bernick | |

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)