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(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:
Special instructions to Filing Officer.

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SECRETARY OF STATE
TALL AHASSEF, FI

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: 1016 Leland LLC		
(Name of Re	esulting Florida Limit	nited Company)
The enclosed Articles of Conversion, Arti- Business Entity" into a "Florida Limited L		tion, and fees are submitted to convert an "Otherny" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:	:
Yuri Kaplun		
(Contact Person)		_
(Firm/Company)		_
55 SW 9th St., Apt 4506 (Address)		
Miami, FL 33130		
(City, State and Zip Code)		_
yuri.kaplun@gmail.com		
E-mail Address: (to be used for future annual r	report notifications)	_
For further information concerning this m	atter, please call:	:
Yuri Kaplun	at (<u>312</u>	371-6570
(Name of Contact Person)	(Area Code)	e) (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\square{1}\$\$\$ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop	· •
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



For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: KPLN Holdings LLC - 1016 Leland Series
(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) 03/07/18
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
1016 Leland 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 16 day of May	2023
Signature of Authorized Representative of Lin	nited Liability Company:
-	
Signature of Authorized Representative:	Tid Manager
Printed Name: Mike Kaplun	I ille: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name; Mike Kaplun	Title. Manager
Printed Name; wike Kapiun	Title: Manager
Signature:	
Printed Name:	Title:
,	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
Cimpatura	
Signature:Printed Name:	Title:
Triffed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, o	
If Directors or Officers have not been selected, an	Incorporator must sign.
If Florida General Partnership or Limited Liab	ility Partnershin:
Signature of one General Partner.	mty 1 at the 13m /2
2. <u>2</u>	
If Florida Limited Partnership or Limited Liab	ility Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All othores	
All others: Signature of an authorized person.	
Signature of an additionzed 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)

OZ3 HAY 22 PM 1:5:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir	te: nited Liability Company is	s:	
1016 Leland LLC (Mus	st contain the words "Limited Liabil	ity Company, "L.L.C.," or "L.L.C.,")	
ARTICLE II - Add The mailing address		orincipal office of the Limited L	Liability Company is:
Principal Office A	ddress:	Mailing Address:	
55 SW 9th St. Unit 49 Miami, FL 33130	506	55 SW 9th St. Unit 4506 Miami, FL 33130	
(The Limited Liability Co business entity with an a	mpany cannot serve as its own Reg ctive Florida registration.) lorida street address of the	ed Office, & Registered Agent istered Agent. You must designate an indi	's Signature: ividual or another
	Yur Kaplun Nan	ne	
	55 SW 9th St. Unit 4506 Florida street address (P.	O. Box NOT acceptable)	
	Miami	FI 33130	
	City	Zip	
liability compo registered agent o statutes relating	any at the place designated and agree to act in this capa to the proper and complete ligations of my position as r	to accept service of process for in this certificate. I hereby accepticity. I further agree to comply very performance of my duties, and registered agent as provided for integrating (REQUIRED)	ot the appointment as with the provisions of all I am familiar with and

(CONTINUED)

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Α.	Τ.	11	V.I.	r	I V	•

Mike Kaplun

\$ 30.00 Certified Copy (Optional)

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	KPLN Holdings LLC
	55 SW 9th St. Unit 4506
	Miami, FL 33130
MGR	Mike Kaplun
	1028 W Leland Ave.,
	Chicago IL 60640
(Use attachment if necessary)	
,	
LE V: Other provisions, if any.	
1710-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
REQUIRED SIGNATURE:	
SIGNATURE.	\
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awa

Typed or printed name of signee Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

E.S.