# L23000310652

| (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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# FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2023

MEGHAN JONES, PARALEGAL TO KIRK T. BAUER, ESQUIRE BAUER & ASSOCIATES ATTORNEYS AT LAW 505 E. NEW YORK AVE, SUITE 7 DELAND, FL 32724 US

SUBJECT: IKSTRATEGIES, LLC Ref. Number: W23000065931

RECEIVED
2023 JUNI 14 AM 10: 46
2023 JUNI 14 AM 10: 46

We have received your document for IKSTRATEGIES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature(s) on behalf of Other Business Entity is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana Regulatory Specialist II

Letter Number: 123A00010200

Bauer & Associates

Attorneys at Law

KIRK T. BAUER kbauer@delandatiorneys.com

JEFFREY B. BAUER jbauer@delandattomeys.com

GARY WRIGHT, of counsel gwright@delandatiorneys.com

A Professional Association

P.O. BOX 459, DeLAND, FL 32721 505 F. NEW YORK AVE, SUITE 7 DELAND, FLORIDA 32724 www.delandattorneys.com TELEPHONE: (386) 734-331 FAX: (386) 738-042

April 13, 2023

### BY US MAIL

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: IKStrategies, LLC

Dear Sir or Madam:

Enclosed for filing, please find the original and one copy of the Articles of Conversion and Articles of Organization for IKStrategies, LLC. I have enclosed a check in the amount of \$150.00 for payment of your fee.

Should you have any questions concerning this matter, please contact me at your convenience. Thank you for your assistance.

Very sincerely yours, BAUER & ASSOCIATES Attorneys at Law, P.A.

Meghan Jones, Paralegal to Kirk T. Bauer, Esquire

# **COVER LETTER**

| TO:               | New Filing S<br>Division of C  |   |                                   |                       |  |                     |
|-------------------|--|---|-----------------------------------|-----------------------|--|---------------------|
| SUR               | JECT: IKStrate   | egies, LLC  |                                   |                       |  |                     |
| ., 0.,            |  | (Name of Re   | sulting Florida Lim               | nited Cor             | mpany)   | _                   |
|                   |  | es of Conversion, Artic<br>o a "Florida Limited L     |                                   |                       |  |                     |
| Pleas             | se return all corr   | respondence concernir                                 | g this matter to:                 | :                     |  |                     |
| Isabe             | ella Kennedy   |   |                                   |                       |  |                     |
|                   |  | (Contact Person)                                      |                                   | _                     |  |                     |
|                   | <del>-</del>   | (Firm/Company)  |                                   | _                     |  |                     |
| 1911              | South Viscaya C  |   |                                   | _                     |  | . 20                |
|                   |  | (Address)   |                                   |                       |  | 77. 23              |
| Delto             | ona, Florida 3273  | 8   |                                   |                       |  | JUNIA PH            |
|                   | (  | City, State and Zip Code)                             |                                   | _                     |  |                     |
| ikenr             | nedy@ikstrategie   | s.me  |                                   |                       |  | PR<br>SSI           |
| E-                | mail Address: (to l  | be used for future annual re                          | port notifications)               | _                     |  | Ens.                |
| For f             | urther informati   | ion concerning this ma                                | itter, please call:               | :                     |  | TALLAHASSEE, FL     |
| Isabe             | ella Kennedy   |   | _at (919                          | 920-                  | 4205   |                     |
|                   | (Name of Cont  | act Person)   |                                   | e) (Dag               | ytime Telephone Number)  | ,                   |
|                   |  | for the following amount a bank located in the        |                                   | proces                | sed by this office mus   | it be payable in US |
| (\$25 f<br>& \$12 | 50.00 Filing Fees<br>for Conversion<br>25 for Articles<br>ganization)        | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180.00 Filing and Certified Co |                       | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status                   |                     |
|                   | Mailing Add<br>New Filing S<br>Division of C<br>P.O. Box 632<br>Tallahassee. | ection<br>Corporations<br>27                          |                                   | New<br>Divis<br>The C | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Su | ite 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 ArtKStrategies, LLC   | ticles of Con       | versio   | on is:           |
|---|---------------------|----------|------------------|
| (Enter Name of Other Business Entity)   | <del></del>         |          |                  |
| 2. The "Other Business Entity" is aForeign Limited Liability Company  |                     |          |                  |
| (Enter entity type. Example: corporation, limited partnership, general partnership, cor   | amon law or bu      | isiness  | trust, etc.      |
| First organized, formed or incorporated under the laws of   |                     |          |                  |
| (Enter state, or if a non-U.S. entity.  | the name of th      | e coun   | try)             |
| July 10, 2020<br>on .   |                     | *        |                  |
| (date of organization, formation or incorporation)  | 1,7                 | 2023     |                  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached A   |                     | rgani    | za <u>tio</u> n: |
| IKStrategies, LLC   | SVH                 | <u>-</u> | :-41<br> <br>    |
| (Enter Name of Florida Limited Liability Company)   |                     | M        | 111              |
| 4. If not effective on the date of filing, enter the effective date:  | 3.5.A.1<br>, FL<br> | 1:0:     | سويه             |
| (The effective date: Cannot be prior to date of receipt or filed date nor more that 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 document's effective date on the Department of State's records. |                     | •        | •                |
| 5. The plan of conversion has been approved in accordance with all applicable statute   | :s.                 |          |                  |

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 day of April   | _ 20 <u><b>3</b>3</u>                         |
| Signature of Authorized Representative of Limi                         | ted Liability Company:                        |
|  | gwellet mear                                  |
| Signature of Authorized Representative: Printed Name: Isabella Kennedy |   |
| Printed Name: Isabella Kennedy   | Title: Manager ()                             |
| Signature(s) on behalf of Other Business Entity:                       | See below for required signature(s)           |
| braell V   | see below for required signature(s)           |
| Signature: (1 4e/1ea/  |   |
| Signature: Tradelle tened Y<br>Printed Name: ISABELLA EENER            | Title: MANAGER                                |
|  |   |
| Signature:Printed Name:  | Tale  |
| rrinted Name:  |   |
| Signature:   |   |
| Signature: Printed Name:   | Title:  |
|  |   |
| Signature:Printed Name:  |   |
| Printed Name:  | Title:  |
| Signature:   |   |
| Signature:Printed Name:  |   |
|  |   |
| Signature:   |   |
| Printed Name:  | Title:  |
| If Florida Corporation:  |   |
| Signature of Chairman, Vice Chairman, Director, or                     | Officer.                                      |
| If Directors or Officers have not been selected, an Inc                |   |
|  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~       |
| If Florida General Partnership or Limited Liability                    |   |
| Signature of one General Partner.                                      |   |
| If Florida Limited Partnership or Limited Liabilit                     | ty Limited Partnership:                       |
| Signatures of ALL General Partners.                                    | S C F   |
|  | ty Limited Partnership:  ASSEE, FL  ASSEE, FL |
| All others:  |   |
| Signature of an authorized person.                                     | 05  |
| <u>Fees:</u>   |   |
| Articles of Conversion:  | \$25.00                                       |
| Fees for Florida Articles of Organization:                             | \$125.00                                      |
| Certified Copy:  | \$30.00 (Optional)                            |
| Certificate of Status:   | \$5.00 (Optional)                             |
|  | * - F 11 - 111 /                              |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| IKStrategies, LL | С  |  |
|------------------|--|--|
|                  | (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.," |  |

#### **ARTICLE II - Address:**

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | <b>Mailing Address:</b>   |  |
|---------------------------|---------------------------|--|
| 1911 South Viscaya Circle | 1911 South Viscaya Circle |  |
| Deltona, Florida 32738    | Deltona, Florida 32738    |  |

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:

| Isabella Kennedy                                 |       |     | 7         | 2023 |         |
|--|-------|-----|-----------|------|---------|
| Name   |       |     | VHVTTV.   | NOE. | 77      |
| 1911 South Viscaya Circle                        |       |     | Ξ<br>> :. | F    | ļ** ·2· |
| Florida street address (P.O. Box NOT acceptable) |       |     | SS        | P    |         |
| Deltona  | FL 32 | 738 | <u>π</u>  | ::K  |         |
| City   | •     | Zip | FL        | 02   |         |

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..

Registered Agent's Signature (RHOUIRED)

(CONTINUED)

#### ARTICLE IV-

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

| <u>Title:</u>                              | Name and Address:                 |                             |        |
|--|-----------------------------------|-----------------------------|--------|
| "AMBR" = Authorized Member "MGR" = Manager |                                   |                             |        |
| MGR  | Isabella Kennedy                  |                             |        |
| <del></del>                                | 1911 South Viscaya Circle         | <del></del> _               |        |
|  | Deltona, Florida 32738            |                             |        |
|  |                                   |                             |        |
|  |                                   |                             |        |
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|  |                                   | NCF EZO                     | 2<br>2 |
|  |                                   | I                           | ŗ      |
|  |                                   | <del>S - t</del>            |        |
| (Use attachment if necessary)              |                                   | PH<br>ASSE                  | - 1 4  |
| (Ose attachment ii necessary)              |                                   | 1: 05<br>STATE<br>E, FL     | 1      |
|  |                                   | 五五<br>1<br>1<br>1<br>1<br>1 |        |
| ARTICLE V: Other provisions, if any.       |                                   | , IF. 20                    |        |
| REQUIRED SIGNATURE:                        | 1 1120 - 82                       |                             |        |
|  | hoelixund                         |                             |        |
|  | V                                 |                             |        |
| Signatura of a momban on                   | an authorized representative of a | , mambar                    |        |

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Isabella Kennedy

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)