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PICK-UP WAIT MAIL
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Date:	07/05/2023	
	Chris Vick	_
Referenc	ce #:	_
Entity Na	me: PENNSYLVANIA AVE	NUE PARTNERSHIP, LLC
√ Ar	ticles of Incorporation/Authorization	to Transact Business
☐ Aı	mendment	
☐ CI	hange of Agent	
□ Re	einstatement	
√ C	onversion	
M	erger	
☐ Di	issolution/Withdrawal	
☐ Fi	ctitious Name	
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COVER LETTER

TO: New Filing S Division of C					
Pennsylva	ania Avenue Partnership, L	LC			
SUBJECT:	(Name of Res	ulting Florida Limite	ed Con	npany)	
				d fees are submitted to c ecordance with s. 605.10	
Please return all corr	espondence concernin	g this matter to:			
Lori Bibb					
	(Contact Person)				
Baker & Hostetler LLP					
	(Firm/Company)				
1170 Peachtree Street, S	uite 2400				
	(Address)				
Atlanta, Georgia 30309-	7676				
(City, State and Zip Code)				
E-mail Address: (to 8	ne used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Lori Bibb		at (⁴⁰⁴	1459-5	643	
(Name of Conta	act Person)	(Area Code)	(Day	etime Telephone Number)	•
	for the following amou a bank located in the	•	rocess	sed by this office must b	e payable in US
☐ \$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRES New Filing Section Division of Corporat		New Fi	ling S	ADDRESS: ection orporations	S!

P. O. Box 6327

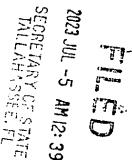
Tallahassee, FL 32314

INHS11 (7/17)

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



Articles of Conversion 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: INSURANCE BY KEN BROWN, 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.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on (Enter state, or it a non-0.8, entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : Pennsylvania Avenue Partnership, 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.



2023
nited Liability Company:
nneth Brown
nuth Brown President/Manager
[See below for required signature(s)]
Title: Manager
Title: Manager
Title: Manager
Title: <u>Manager</u>
Title:
Title:
Title:
r Officer.
ncorporator must sign.
ility Partnership:
lity Limited Partnership:
\$25.00
\$125.00
\$30.00 (Optional)

 $\rm H1000 \times 8.30 \ 2017$ Wolters Klawer Online

ARTICLE I - Name: The name of the Limited Liability Company i	is:	
Pennsylvania Avenue Partnership, LLC		
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
707 Pennsylvania Avenue #1300	PO Box 948117	
Altamonte Springs, Florida 32701	Maitland, Florida 32794	
Na 300 S Interlachen Avenue Uni	me ir 603	
Kenneth M. Brown		
200 (1		
•	O. Box <u>NOT</u> acceptable)	
Winter Park	FL 32789	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	I in this certificate, I hereby according to the complete performance of my duties, at registered agent as provided for the complete provided by:	vept the appointment as y with the provisions of al ud I am familiar with and
Kenneth M. Brov By:	kenneth Brown	
By:	ignature (REQUIRED)	FILED 2023 JUL -5 AM 12: 40 SEGRETARY OF STATE

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	Kenneth M. Brown
MGR	300 S Interlachen Avenue Unit 603
	Winter Park, Florida 32789
	Willer Park, Florida 32789
MGR	Kenneth Derek Brown
	1003 Temple Grove
	Winter Park, Florida 32789
MGR	Stephen D. Brown
	300 S Interlachen Avenue Unit 103
	Winter Park, Florida 32789
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Lunch Brown Signature of a member of	or an authorized representative of a member
REQUIRED SIGNATURE: Lemeth Brown Signature of a member of This document is executed in accordange.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes, I am aware t
REQUIRED SIGNATURE: Level Brown Signature of a member of this document is executed in accordar any false information submitted in a do	
REQUIRED SIGNATURE: Level Brown Signature of a member of This document is executed in accordant.	or an authorized representative of a member are with section 605.0203 (1) (b), Florida Statutes, I am aware to cument to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Levelle Brown Signature of a member of this document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605,0203 (1) (b), Florida Statutes, I am aware to cument to the Department of State constitutes a third degree fel Kenneth M. Brown
REQUIRED SIGNATURE: ELLE Brown Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155. F.S.	or an authorized representative of a member nee with section 605,0203 (1) (b), Florida Statutes, I am aware to cument to the Department of State constitutes a third degree fel Kenneth M. Brown Typed or printed name of signee
REQUIRED SIGNATURE: Learner Brown Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155. F.S.	or an authorized representative of a member nee with section 605,0203 (1) (b). Florida Statutes, I am aware to cument to the Department of State constitutes a third degree fel Kenneth M. Brown Typed or printed name of signee Filing Fees
REQUIRED SIGNATURE: Levelle Brown Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155. F.S.	or an authorized representative of a member nee with section 605,0203 (1) (b), Florida Statutes, I am aware cument to the Department of State constitutes a third degree fe Kenneth M. Brown Typed or printed name of signee