# L23000393832

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/2/p/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· ·
Special Instructions to Filing Officer.
J DENNIS
AUG 2 2 2023
AUG & & LULJ

Office Use Only



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08/01/23--01005--001 \*\*113.75

08/01/23--01005--002 \*\*88.25

2023 AUG -1 AM

FILED SECRETARY OF STAFF New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Filing Articles of Conversion

SHOHREH K D CONSULTING LLC

LZ Order #563621708

Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$180.00 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc. 101 N Brand Blvd 11th Floor Glendale, CA 91203

If you have any questions, please call me at (800) 773-0888 x9724. Thank you for your help in this matter.

Sincerely,

Cheyenne Moseley LegalZoom.com

#### **COVER LETTER**

TO: New Filing Son Division of C			
SUBJECT: SHOHRE	EH K D CONSULTING LI	_C	
Sebuter.	(Name of Res	ulting Florida Limited (	Company)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Cheyenne Moseley			
	(Contact Person)		
Legalzoom.com, Inc.			
	(Firm/Company)	<del></del>	
101 N Brand Blvd 11th I	રા		
	(Address)		
Glendale, CA 91203			
(0	City, State and Zip Code)	<del></del>	
shohrehhammond@aol.c	eom		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Cheyenne Moseley		at ( 800 ) 77	3-0888
(Name of Conta	ct Person)	(Area Code) (i	3-0888 Daytime Telephone Number)
	or the following amou a bank located in the	` •	essed 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	\$180.00 Filing Fee and Certified Copy	S S 185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:		G ADDRESS:
New Filing Section		New Filing	
Division of Corporati Clifton Building	ions	Division o P. O. Box	f Corporations 6327
2661 Executive Cent	er Circle		e, FL 32314

Tallahassee, FL 32301

### **Articles of Conversion**

For

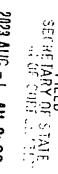
#### "Other Business Entity"

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: IOHREH K D COUNSELTING, 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.
Fi	rst organized, formed or incorporated under the laws of
on	08/17/2022
•	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SH	OHREH K D CONSULTING LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
th	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 6 day of	_20 <u>23</u> .
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	6.20 ml
Printed Name: Shohreh Durkin	Title: Member
Signature(s) on hehalfor Other Business Entire	ICan balaw for required signal
Signature(s) on behalf of Other Business Entity:	See below for required signal
Signature: St. Y. Duk. o	
Printed Name Shohreb Durkin	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Simulation.	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
if Directors of Officers have not been selected, an in-	corporator must sign.
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)

## A

ARTICLES OF ORGANIZATION FOR F	FLORIDA LIMITED LIABILI	TY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company i	s:	
SHOHREH K D CONSULTING LLC		
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
3910 Palm Tree Blvd	3910 Palm Tree Blvd	
Cape Coral, FL 33904	Cape Coral, FL 33904	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the	ristered Agent. You must designate an individ	
United States Corporation Age	ents, Inc.	
Nar		
476 Riverside Ave.		
	O. Box NOT acceptable)	
Jacksonville	FL 32202	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby accept to active. I further agree to comply with e performance of my duties, and I do	the appointment as th the provisions of all am familiar with and Chapter 605, F.S ecretary,
Registered Agent's 36	gnature (REQUIRED)  NUED)	SECRETARY OF STATE

#### ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Shohreh Durkin
	3910 Palm Tree Blvd
	Cape Coral, FL 33904
(Lise attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	(h.x.)
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	1/2. Duko
REQUIRED SIGNATURE:  Signature of a member or	an-authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an-authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an-authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document of the submitted of the sub	an-authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware th

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)