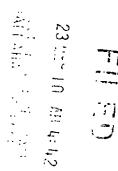
## L23000415187

(Requestor's Name)
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(1331333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Conference of Co
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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Office Use Only NP
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## • COVER LETTER

TO: New Filing S Division of C				
SUBJECT: CT Kaup	p, LLC			
30bit.e1	(Name of Res	sulting Florida Limited Co	mpany)	-
		<del>-</del>	nd fees are submitted to decordance with s. 605.10	
Please return all corr	espondence concernin	g this matter to:		
	Filings Team			
	(Contact Person)			Po 13
Northwe	st Registered Agent	LLC		= "
	(Firm/Company)			23 MIS 10 MI
790	1 4th St N STE 300			
	(Address)			
St.	Petersburg, FL 3370	2		10 311 4: 1.2
	City. State and Zip Code)			÷ 7
eastern@n	orthwestregisteredag	jent.com		
E-mail Address: (to	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call:		
(Name of Cont	act Person)	_at ()	ytime Telephone Number)	-
•	,	. , , ,	,	
	for the following amoung a bank located in the	·	ssed by this office must b	e payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Add New Filing S Division of G P.O. Box 63: Tallahassee,	Section Corporations 27	New Divis The (	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite	810

Tallahassee, FL 32303

## 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: CT Kaupp, LLC	
(Enter Name of Other Business Entity)	
The "Other Business Entity" is a	<u></u>
First organized, formed or incorporated under the laws of	
on	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizatio CT Kaupp, LLC	n:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:  (The effective dute: 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 7th day of August	20_23		
Signature of Authorized Representative of Limit	ed Liability Company:		
Signature of Authorized Representative: Printed Name: Christopher Kaupp	up	<b>-</b>	
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)]		
Signature: Christopher Kaupp	Title: AMBR	-	
Signature:Printed Name:	_Title:	-	
Signature:Printed Name:	m'.1	-	
Signature:Printed Name:	Title:	- -	
Signature:Printed Name:	T'.1	=	12
			23 IO
Signature: Printed Name:	Title:	- 5 - 5	10
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Continuous of Chairman, Vice Ch	Officer.		±. %.
If Directors or Officers have not been selected, an Inc			ः । इ.भः इ.म
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ry Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Mus	t contain the words 'Limited	d Liability Company, "L.L.C.," or "LI.C.")	
ARTICLE II - Ado			
The mailing address	and street address of	f the principal office of the Limited	Liability Compa
Principal Office A	ddress:	Mailing Address:	
4016 South Third St #1075		4016 South Third St #1075	
Jacksonville Beach FL 3	32250	Jacksonville Beach FL 32250	<del></del>
The Limited Liability Co.	gistered Agent, Reg	gistered Office, & Registered Ager wn Registered Agent. You must designate an in	dividual or another
(The Limited Liability Control in the Control in th	mpany cannot serve as its over the Florida registration.)  lorida street address	wn Registered Agent. You must designate an in	dividual or another
(The Limited Liability Control in the Control in th	mpany cannot serve as its ov tive Florida registration.)	wn Registered Agent. You must designate an in	dividual or another
(The Limited Liability Control to Susiness entity with an act The name and the F	mpany cannot serve as its over the Florida registration.)  lorida street address	wn Registered Agent. You must designate an in of the registered agent are:	dividual or another
(The Limited Liability Control to Susiness entity with an act The name and the F	mpany cannot serve as its or tive Florida registration.) lorida street address Northwest Registered Ag 7901 4th St N STE 300	wn Registered Agent. You must designate an in of the registered agent are:	dividual or another
The Limited Liability Concusiness entity with an action The name and the F	mpany cannot serve as its or tive Florida registration.) lorida street address Northwest Registered Ag 7901 4th St N STE 300	wn Registered Agent. You must designate an in of the registered agent are: sent LLC Name	dividual or another 23 KUS 10 AM 4-4

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 (REQUIRED)

(CONTINUED)

Title:	Name and Address:
'AMBR" = Authorized Member	Name and Islantess.
'MGR" = Manager	Christopher Kaupp
AMBN	4016 South Third St #1075
	Jacksonville Beach FL 32250
	Section 1
	<u> </u>
	₩ • -
(Use attachment if necessary)	
	R <sub>3</sub> ,
LE V: Other provisions, if any.	÷
LE V: Office provisions, it any.	
REQUIRED SIGNATURE:	
Nat Smi	1h
1,	
Signature of a member or	an authorized representative of a member
<ul> <li>This document is executed in accordance</li> </ul>	e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree fe
as provided for in s.817.155, F.S.	· · · · · ·
Mark Omish	
Nat Smith	yped or printed name of signee

ARTICLE IV-