L23000 426634

(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.				

Office Use Only



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COVER LETTER

TO:	New Filing S Division of C				
SHB.	IFCT: KELEVE	RA ENTERPRISES LLC			
			sulting Florida Limit	ed Com	pany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
ELLIC	OT WEINBERGE	R			
	· ·	(Contact Person)		-	
KELE	VRA ENTERPR	ISES LLC			
		(Firm/Company)		-	
5415	CLEVELAND ST				
		(Address)		-	
HOLY	WOOD FL 3302	<u>!</u> 1			
-	(City, State and Zip Code)	· ·	•	
ELLIC	T@KELEVRAE	NTERPRISES.COM			
E-1	mail Address: (to b	be used for future annual re	port notifications)	-	
For fi	ırther informati	on concerning this ma	tter, please call:		
ELLIC	T WEINBERGE	R	at (⁷¹⁸	1427-6	327
	(Name of Conta	act Person)	·	(Day	time Telephone Number)
		for the following amou a bank located in the	•	rocess	ed by this office must be payable in US
(\$25 fd & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				Address:
New Filing Section Division of Corporations P.O. Box 6327					Filing Section
			Division of Corporations The Centre of Tallahassee		•
	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 <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 Articles of Conversion is: KELEVRA ENTERPRISES LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC
(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)
0725//2022 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
KELEVRA ENTERPRISES 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 JULY day of 6TH	_ 20 <u>23</u> :
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	4 Ve
Printed Name: ELLIOT WEINBERGER	Title: OWNER
Signature(s) on behalf of Other Business Entity: {	See below for required signature(s)
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	
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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$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	:		
KELEVRA ENTERPRISES LLC			
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
5415 CLEVELAND ST	5415 CLEVELAND ST		
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another		
ELLIOT WEINBERGER			
Name			
5415 CLEVELAND ST			
Florida street address (P.C	D. Box NOT acceptable)		
HOLLYWOOD	FL 33021		
City	Zip		
liability company at the place designated i registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S		

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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 AMBR	ELLIOT WEINBERGER			
MAIDIX	5415 CLEVELAND ST			
	HOLLYWOOD FL 33021			
	1100011033021			
				
				
				
				
				
(Use attachment if necessary)				
(200 2002000000000000000000000000000000				
ARTICLE V: Other provisions, if any.				
F				
<u>required</u> signature:				
<u> </u>				

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.

ELLIOT WEINBERGER

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)