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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Kasten La	roidary & -	Jewelry mpany)	
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia	es of Organization, a	nd fees are submitted to conve	
Please return all correspondence concerning	this matter to:		
Eric Kasten (Contact Person)			
(Firm/Company)			
153 Cross Ridge Dr. (Address)			
Ponte Velra, FL. 3 (City. State and Zip Code)	32081		
Kaster Eric @ gmail.c	ort notifications)		
For further information concerning this mate	•		
Eric Kasten	at (904) 7	07-5755	
Eric Kasten (Name of Contact Person)	(Area Code) (Da	lytime Telephone Number)	
Enclosed is a check for the following amoundollars and drawn on a bank located in the U	•	ssed by this office must be pay	yable in US
\$\instruct{\mathbb{G}}\$_\$\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)\$	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations	New	et Address: Filing Section sion of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The 2415	Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	2023 SL, -6
INHS11 (7/17)			· 69

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:
Eric Kasten Corp (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
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 1/24/23 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Kasten Lapidary & Jewelry (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 6/26/23.
(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 30 day of August	_ 20_ 23
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: 5?. Printed Name: Enc A. Saster	Title: CEO / Owner
Signature(s) on behalf of Other Business Entity:	
Signature:Printed Name:	
Printed Name: /	Title:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In-	
If Florida Community and imited Linkili	tu Buntu anakina
If Florida General Partnership or Limited Liabili Signature of one General Partner.	<u>rarmersmp.</u>
TODA OF THE STATE	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnersnip:
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)
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
153 Cross Ridge Dr. Same Porte Vedra FL. 32081
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:
Eric Kasten Name
153 Cross Ridge Dr. Florida street address (P.O. Box NOT acceptable)
Ponte Vedra FL 32081 City Zip

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)

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AR	11		, H.	IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
WOK - Wanager	Enc Kasten
AMBR, MGR	153 Cross Ridge Dr.
	Porte Vedre, FL. 32081
	•
	
(Use attachment if necessary)	
(= = ,	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: A. (a) Signature of a member of	r an authorized representative of a member
Signature of a member of This document is executed in accordance	r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes. I am award ument to the Department of State constitutes a third degree f
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	te with section 605.0203 (1) (b), Florida Statutes, I am award ument to the Department of State constitutes a third degree f
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