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| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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COVER LETTER

| Division of Corporations | | |
|---|--------------------------------|--|
| SUBJECT: Kik Rocks, LLC | | |
| (Name of R | esulting Florida Limited Compa | any) |
| The enclosed Articles of Conversion. Arti- Business Entity" into a "Florida Limited J | | |
| Please return all correspondence concerni | ng this matter to: | |
| Michael De Biase, Esq. | | |
| (Contact Person) | | |
| Tobin, Reyes, Alvarez & De Biase, PLLC | | |
| (Firm/Company) | | |
| 225 N.E. Mizner Boulevard, Suite 510 | | |
| (Address) | | |
| Boca Raton, Florida 33432 | | |
| (City, State and Zip Code |) | |
| mdebiase@tobinreyes.com | | |
| E-mail Address: (to be used for future annual | report notifications) | |
| For further information concerning this m | natter inlease call: | |
| _ | • | 0.50 |
| Michael De Biase, Esq. | at (561)620-0 | me Telephone Number) |
| (Name of Contact Person) | (Area Code) (Daytii | me Telephone Number) |
| Enclosed is a check for the following amodollars and drawn on a bank located in the | | d by this office must be payable in US |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing Fees and Certificate of Status | and Certified Copy | S185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Address: | Street / | Address: |
| New Filing Section | | ling Section |
| Division of Corporations | | n of Corporations |
| P.O. Box 6327 | i ne Ce | ntre of Tallahassee |

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Kik Rocks, LLC |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| (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) |
| December 14, 2015 on |
| on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Kik Rocks, 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 22nd day of December | 20_23 |
|---|--|
| Signature of Authorized Representative of Lim | |
| Signature of Authorized Representative: | Nule: Authorized Representative |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: Printed Name: Michael De Biase | Title: Authorized Representative |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Printed Name: | _ Title: |
| <u> If Florida Corporation:</u> | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an In- | corporator must sign. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. | ty 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 Com | npany is: |
|---|--|
| | |
| Kik Rocks, LLC | <u></u> |
| (Must contain the words "Limi | ited Liability Company, "L.L.C.," or "LLC,") |
| The mailing address and street address Principal Office Address: | of the principal office of the Limited Liability Company is: Mailing Address: |
| 4167 Main Street | 4167 Main Street |
| Jupiter, FL 33458 | Jupiter, FL 33458 |
| | |
| | egistered Office. & Registered Agent's Signature: |

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

| Tobin, Reyes, Alvarez & De | Biase, PLLC |
|----------------------------|-------------------------------|
| Nar | ne |
| 225 N.E. Mizner Boulevard, | Suite 510 |
| Florida street address (P. | O. Box <u>NOT</u> acceptable) |
| Boca Raton | FL 33432 |
| City | Zip |

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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 Agont's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | Danie Obassillasi |
| MGR | Romie Chaudhari 4167 Main Street |
| | Jupiter, FL 33458 |
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| LE V: Other provisions, if any. | |
| LE V: Other provisions, if any. | |
| REQUIRED SIGNATURE: | <u></u> |
| | <u></u> |
| REQUIRED SIGNATURE: | |
| Signature of a member or This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware nent to the Department of State constitutes a third degree f |
| Signature of a member or This document is executed in accordance any false information submitted in a docur | with section 605.0203 (1) (b), Florida Statutes, I am aware nent to the Department of State constitutes a third degree for |
| Signature of a member or This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Michael De Biase, Authorized Repres | with section 605.0203 (1) (b), Florida Statutes, I am aware nent to the Department of State constitutes a third degree fi |

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)

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