L24000099295

(R	Requestor's Name)	
(A	ddress)	
	JJ 1)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	usiness Entity Name)	
<i>a)</i>	usiness chity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		





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B.

T. J.H. 2/24/24

COVER LETTER

TO:	New Filing S Division of C				
		•			• •
SUBJ	JECT: EKKusto				
		(Name of Re	sulting Florida L	imited Co	ompany)
			~	•	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter	to:	
Eric B	uchholz				
		(Contact Person)			
		(Firm/Company)			
122 S	W 59th St.	(4.11			
Cape	Coral, FL 33914	(Address)			
<u>.</u>	((City, State and Zip Code)			
EKKu:	stomz@outlook.d	•			
E-r	nail Address: (to b	e used for future annual re	port notification	s)	
For fu	ırther informati	on concerning this ma	tter, please ca	11:	
Eric B	uchholz		_at (₎ 460-	-0223
	(Name of Conta	ct Person)	(Area Co	ode) (Da	aytime Telephone Number)
		or the following amou a bank located in the			ssed by this office must be payable in US
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	☐S180.00 Fi and Certified		#\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The 0 2415	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 shassee, 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: EKKustomz LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a EKKustomz LLC (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)
07/08/2015
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: EKKustomz 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 21	day of <u>January</u>	
Signature of Auth	orized Representative of Lim	ited Liability Company:
0' A - A	rized Representative: <u>Ec</u>	E
Signature of Autho	rized Representative: $\frac{2}{2}$	
Printed Name: Enc E	Buchholz	Title: member/manager
		[See below for required signature(s)]
Signature:	rex Buchhols	Title: member/manager
Printed Name: Kaye	Buchholz	Title: member/manager
Signature:		
Printed Name:		Title:
Drinted Name:		Title:
r tinted (Value		Title.
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
<u>If Florida Corpora</u>		
_	an, Vice Chairman, Director, or	
If Directors or Offic	ers have not been selected, an In	corporator must sign.
If Florida General	Partnership or Limited Liabili	tv Partnershin
Signature of one Ger		ty ratthership.
<i>G</i>		
	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> (General Partners.	
All othomas		
<u>All others:</u> Signature of an auth	orized nercon	
Signature of all addi-	orized person.	
Fees:		
Articles of (Conversion:	\$25.00
	rida Articles of Organization:	\$125.00
Certified Co		\$30.00 (Optional)
Certificate of	- ·	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Compa	any is:				
EKKustomz LLC					
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")				
A DOUGH IS A A A A A A A A A A A A A A A A A A					
ARTICLE II - Address:	the universal effice of the Limites	d Liability Commons in			
The mailing address and street address of	the principal office of the Limited	1 Liability Company is.			
Principal Office Address:	Mailing Address:				
122 SW 59th St.	122 SW 59th St.	122 SW 59th St.			
Cape Coral, FL 33914	Cape Coral, FL 33914				
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of		ndividual or another			
Eric Buchholz					
	Name				
122 SW 59th St.					
Florida street address	s (P.O. Box NOT acceptable)				
Cape Coral	FL 33914				
City	Zip				
Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	ated in this certificate, I hereby acc capacity. I further agree to comply	ept the appointment as y with the provisions of all			
accept the obligations of my position					
6. 17					
Luck		三 日 三			
Registered Agent'	's Signature (REQUIRED)	- Caracter 1			

(CONTINUED)

A	DTI	CI	F	IV_{-}
-				1 V -

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		
MGR	Eric Buchholz	
	122 SW 59th St.	
	Cape Coral, FL 33914	_
MGR	Kaye Buchholz	
	122 SW 59th St.	
	Cape Coral, FL 33914	
,		
(Use attachment if necessary)		
LE V: Other provisions, if any.		
	$\equiv \varphi$	ر. د
REQUIRED SIGNATURE:		1
REQUIRED SIGNATURE:		1,
REQUIRED SIGNATURE:		- - -
		- - -
Signature of a member or a	an authorized representative of a member	
Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am awa	re th
This document is executed in accordance any false information submitted in a document	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awament to the Department of State constitutes a third degree	re the
Signature of a member or a	with section 605.0203 (1) (b), Florida Statutes. I am awa ment to the Department of State constitutes a third degree	re 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)