# L24000113674

(Requestor's Name)
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, ,
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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#### **COVER LETTER**

Division of Corporations	
SUBJECT: 45 Home & Const (Name of Resulting	Florida Limited Company)
The enclosed Articles of Conversion, Articles of Business Entity" into a "Florida Limited Liabili	f Organization, and fees are submitted to convert an "Other ty Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	s matter to:
K's Home & Construction LCC (Firm/Company)	
(Firm/Company)  [78 Whis perins Creek AV	
Free part FL 32439 (City, State and Zip Gode)	
E-mail Address: (to be used for future annual report r	otifications)
For further information concerning this matter.    Keuis Uris   at (Name of Contact Person)	please call:  (935 ) 856-0454  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (dollars and drawn on a bank located in the Unit	All checks processed by this office must be payable in US ed States)
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  S150.00 Filing Fees and Certificate of Status	1 Certified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810 All  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:
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a //mi fed //igh://fy Corp  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
Fir	st organized, formed or incorporated under the laws of Louisiese (Enter state, or if a non-U.S. entity, the name of the country)
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:    Some and Construction   Company   Comp
(T) the Not	If not effective on the date of filing, enter the effective date:  he 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.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.
5. 1	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.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Must contain the words "Limited Liability	y Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Free part fl 32439	178 Whisperins Creek Ave Free port PL 32439
ARTICLE III - Registered Agent, Registered (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 selection with the Name	
1) 3 Whisperins Co Florida street address (P.O	ee K <u>Ave</u> D. Box <u>NOT</u> acceptable)
Free port City	FL 32439 Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
(CONTIN	EUED)

Signed this day of	_ 20 <u>_ 24</u>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	(e/.
Printed Name: Keyn Grisht	Title: MGK
Signature(s) on behalf of Other Business Entity: [	
Printed Name: Keun wrish	Title: Manager
Signature: Signature: Angle Angle Printed Name: Knig by Waight	·
Printed Name: Kny Wash	Title: Mans ser
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Tial
Printed Name;	Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y 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.	V Limited Partnership:  SECRETARY OF STATE  S25.00  S125.00
Fees:	AHI OF SI SEE, F
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLE IV-

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

	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
<del>.</del>	
MCR	V · Chrisht
7 6 2	173 Whichering Cook Aug
	Keun Wrisht 178 Whisperins Crock Ave Eneport FL 32439
	· · · · · · · · · · · · · · · · · · ·
MGT	kristy Wright
	178 whisperins Creek Ave FreeDord Fl 32439
	Freeport fl 32439
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, I am aware the memont to the Department of State constitutes a third degree felo
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.	ce with section 605,0203 (1) (b), Florida Statutes, I am aware th
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.	ce with section 605,0203 (1) (b), Florida Statutes, I am aware th
Signature of a member of This document is executed in accordance any false information submitted in a document is submitted in a document is executed in accordance as provided for in s.817.155, F.S.	ce with section 605,0203 (1) (b), Florida Statutes, I am aware th