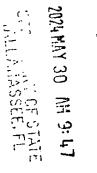
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600429636076







CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE COST LIMIT ORDER DATE: May 23, 2024 ORDER TIME : 10:39 AM ORDER NO. : 476220-095 CUSTOMER NO: 5159894 DOMESTIC AMENDMENT FILING NAME: KITT CREEK RESIDENTIAL LLC EFFECTIVE DATE: XX ___ CONVERSION/INCORP. RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Shauna Godbolt -- EXT#

COVER LETTER

Division of C						
SUBJECT: Kitt Cree	k Residential LLC					
		esulting Florida I	.imited Co	ompany)		
The enclosed Articles Business Entity" into	s of Conversion, Arti a "Florida Limited I	cles of Organi Liability Comp	zation, a pany" in a	nd fees are submitte accordance with s. 6	d to convert an "Oth 05.1045, F.S.	ner
Please return all corre						
	-					
Janine Russo	- 7					
	(Contact Person)					
Voxx International Corp	·					
	(Firm/Company)					
180 Marcus Blvd.						
	(Addřess)					
Hauppauge, NY 11788	•					
(C	ity. State and Zip Code)		 .		7 20:	
jrusso@voxxintl.com					24	¢. 7
E-mail Address: (to be	used for future annual re	eport notification	s)		2024 HAY 3.0	(<u> </u>
For further informatio	n concerning this ma	itter, please ca	11:		30	ð
Larry Stopol	<u> </u>	at (_ ⁵¹⁶		2869	M 9: 47	
(Name of Contac	t Person)		de) (Day	ytime Telephone Numbe		
Enclosed is a check fo dollars and drawn on a	r the following amou t bank located in the	mt: (All check United States)	s process	sed by this office mu	ust be payable in US	
(\$25 for Conversion	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Fili and Certified C		☐\$185.00 Filing Fee: Certified Copy, and Certificate of Status	s.	
Mailing Addre New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	etion rporations		New I Divisi The C	t Address: Filing Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: Kitt Creek Residential 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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
May 5, 2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Kitt Creek Residential 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 Document 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.
5. 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 21st day of May	<u>2024</u> .		
Signature of Authorized Representative of Lin	ofted Liability Company		
Signature of Authorized Representative: Printed Name: John J. Shalam	Title Member		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	-	
Signature:	Title: Member		
Signature: Printed Name:	Title:		
Signature:Printed Name:			
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature: Printed Name:	Title:		
If Florida Corporation:		<u>:</u> ;	202
Signature of Chairman, Vice Chairman, Director, or	Officer.	<u>}'</u> ::	2024 HAY
If Directors or Officers have not been selected, an In	corporator must sign.	5 T	\sim
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	HASSE CF	30 MH
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	tv Limited Partnership:	7 9741 3E, FL	4 9: 4
All others: Signature of an authorized person.		rri	7
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 Liab	ility Company is:	:	
Kitt Creek Residential LLC			
(Must contain the v	vords "Limited Liabili	ty 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:	
2275 S. Ocean Blvd.		SAME	
Palm Beach, FL 33480		O/WE	
			
ARTICLE III - Registered A The Limited Liability Company cannot a business entity with an active Florida re The name and the Florida stree John J. Sha	serve as its own Regist gistration.) It address of the r	tered Agent. You must designate an in	dividual or another 2024 MAY 30
	Name		7
			30
2275 S. Oce			
Florida str	ect address (P.O	. Box <u>NOT</u> acceptable)	117.77 III
Palm Beach		FL 33480	MI 9: W
	City	Zip	
registered agent and agree to statutes relating to the prope	ace designated in act in this capact or and complete p	this certificate. I hereby acce	pt the appointment as with the provisions of all I am familiar with and

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Ari Shalam 75 Central Park W New York, NY 10023	
(Use attachment if necessary)		13835
LE V: Other provisions, if any.		
REQUIRED SIGNATURE:		

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)