

# L24000374264

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

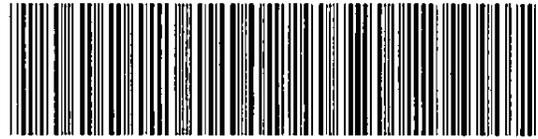
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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2024 AUG 16 AM 7:45  
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Kelly Consulting Services Inc.  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Scott Sipkovsky  
(Contact Person)

Hillegass, Chepenik & Hood CPA's  
(Firm/Company)

427 3rd St. North  
(Address)

Jacksonville Beach, FL 32250  
(City, State and Zip Code)

scottsip@hch-cpa.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Scott Sipkovsky at ( 904 ) 246-0713  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
2008 AUG 16 AM 7:45

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (S25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$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  
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  
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:  
Kelly Consulting Services, Inc.  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

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 6-14-24  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Kelly Consulting Services, 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 14 day of August 2024.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Printed Name: John Kelly Title: President

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: [Signature]  
Printed Name: John Kelly Title: President / Director

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2024 AUG 16 AM 7:45

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kelly Consulting Services, LLC

(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:**

159 11<sup>th</sup> Street  
Atlantic Beach, FL. 32233

159 11<sup>th</sup> Street  
Atlantic Beach, FL 32233

**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:

Scott Sipkovsky  
Name

427 3<sup>rd</sup> Street North

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville Beach FL 32250

City

Zip

2021 AUG 16 AM 7:45  
STATE OF FLORIDA  
SECRETARY OF STATE

*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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

John L. Kelly  
159 11<sup>th</sup> St.  
Atlantic Beach, FL 32233

\_\_\_\_\_  
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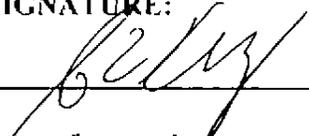
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**ARTICLE V: Other provisions, if any.**

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John L Kelly

Typed or printed name of signee

**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)**

**Electronic Articles of Incorporation  
For**

P24000041069  
FILED  
June 14, 2024  
Sec. Of State  
fjeggleston

KELLY CONSULTING SERVICES INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

KELLY CONSULTING SERVICES INC

**Article II**

The principal place of business address:

159 11TH STREET  
ATLANTIC BEACH, FL. US 32233

The mailing address of the corporation is:

159 11TH STREET  
ATLANTIC BEACH, FL. US 32233

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**Article IV**

The number of shares the corporation is authorized to issue is:

10000

**Article V**

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD, SUITE 415  
HOLLYWOOD, FL. 33021

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: TRAVIS CRABTREE, OBO LEGALCORP SOLUTIONS

2024 JUN 16 AM 7:45  
STATE OF FLORIDA  
SECRETARY OF STATE

P24000041069  
FILED  
June 14, 2024  
Sec. Of State  
fjeggleston

## Article VI

The name and address of the incorporator is:

SONIA BECERRA  
3 GREENWAY PLAZA #1320

HOUSTON, TEXAS. 77046

Electronic Signature of Incorporator: SONIA BECERRA

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: DIR  
JOHN L KELLY  
159 11TH STREET  
ATLANTIC BEACH, FL. 32233 US

Title: P  
JOHN L KELLY  
159 11TH STREET  
ATLANTIC BEACH, FL. 32233 US

Title: TRE  
JOHN L KELLY  
159 11TH STREET  
ATLANTIC BEACH, FL. 32233 US

Title: SEC  
JOHN L KELLY  
159 11TH STREET  
ATLANTIC BEACH, FL. 32233 US

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