L24000402559

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_
N.		





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March 22, 2024

NICKSON SAINT FLEUR 1301 S DIXIE HWY W UNIT C POMPANO BEACH, FL 33060 US

SUBJECT: KINGS OF KINGS ENTERPRISE LLC

Ref. Number: W24000046506

We have received your document for and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 524A00006250

KAIN COSTELLO Regulatory Specialist II New Filing Section

COVER LETTER

TO:	New Filing Son Division of C					
SUR	IFCT: KINGS C	DF KINGS ENTERPRISE	E LLC			
3000	DC1			g Florida Limit	ed Com	pany)
						d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g thi	s matter to:		
NICK	SON SAINT FLE	UR				
		(Contact Person)	_			
KING	S OF KINGS EN	TERPRISE INC				
		(Firm/Company)				
1301	S DIXIE HWY W	EST UNIT C				
		(Address)				
POME	PANO BEACH FL	_ 33060				
	((City, State and Zip Code)				
NICK	YSAINTFLEUR@	GMAIL.COM				
E-1	mail Address: (to b	e used for future annual re	port r	notifications)		
For fi	urther informati	on concerning this ma	tter,	please call:		
NICK	SON SAINT FLE	UR	at	954	75919	901
	(Name of Conta	et Person)			(Dayı	time Telephone Number)
		or the following amou a bank located in the		•	rocess	ed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles (anization)	\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing *Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add					Address:
New Filing Section Division of Corporations			New Filing Section Division of Corporations			
	P.O. Box 632	•				entre of Tallahassee
	Tallahassee, I					N. Monroe Street, Suite 810

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: KINGS OF KINGS ENTERPRISE INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a KINGS OF KINGS ENTERPRISE INC (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)
02/01/2019
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:
KINGS OF KINGS ENTERPRISE 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 <u>02</u> day of <u>21</u>	20
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Penracentatives	31.
Signature of Authorized Representative: Printed Name: NICKSON SAINT FLEUR	PRESIDENT
Trinled Name: MONOON OXINT FEEDIN	Time
Signature(s) of behalf of Other Business En	tity: [See below for required signature(s)]
Signature:	0
Printed Name: NICKSON Saint	Flouratile: TYPSIDENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
at .	
Signature:	
Printed Name:	litle:
If Florida Cornerations	
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct	or or Ottion
If Directors or Officers have not been selected.	
It Directors of Officers have not been selected.	an meorporator must sign.
If Florida General Partnership or Limited I	ighility Partnership
Signature of one General Partner.	namity I arther snip.
If Florida Limited Partnership or Limited 1	iability Limited Partnership:
Signatures of ALL General Partners.	, , , , , , , , , , , , , , , , , , ,
<u> </u>	·
All others:	
Signature of an authorized person.	
•	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organiza	•
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	(- k)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Comp	any is:
Whoo of Whoo fatterries	
KINGS OF KINGS ENTERPRISE LLC	
(Must contain the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1301 S DIXIE HWY WEST UNIT C	1759 NE 49TH STREET
POMPANO BEACH FL 33060	POMPANO BEACH FL 33064
	istered Office, & Registered Agent's Signature: vn Registered Agent. You must designate an individual or another
The name and the Florida street address of	of the registered agent are:

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

NICKSON SAINT FLEUR	
Nar	ne
4501 NE 16TH AVE	
Florida street address (P.O. Box NOT acceptable)	
POMPANO BEACH	FL ³³⁰⁶⁴
City	Zip

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:

<u>Title:</u>	Name and Address:		
" Λ MBR" = Authorized Member			
"MGR" = Manager			
PRESIDENT	NICKSON SAINT FLEUR		
	4501 NE 16TH AVE		
	POMPANO BEACH FL 33064		
			
(Use attachment if necessary) ARTICLE V: Other provisions, if any.			
	1		
REQUIRED SIGNATURE:	31		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony		
NICKSON SAINT FLEUR			

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)