(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:				

Office Use Only



300372678273



September 15, 2021

KASHAMA CHARLES KAYC KLOSET, LLC 329 CORAL BEACH CIRCLE CASSELBERRY, FL 32707

SUBJECT: KAYC KLOSET Ref. Number: W21000124798

We have received your document for KAYC KLOSET and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the marked spaces in the Artilces of Conversion. The word "Owner" cannot be used as a title.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 721A00022256:

2021 OCT 18 PH 11: 1

COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT:	KayC	Klaset	LLC			
	-	Name of	Resulting Flori	da Profit	Corporation	
			•		are submitted to con 233 & 607.0202, F.S.	evert the following eligible
Please return all o	correspondence	concerning this	matter to:			
Kasha	ma C	harles				
	Con	tact Person				
Kayc	Klosei	LLLC n/Company				•
<i>y</i>	Firm	/Company				
329 Coran	l Beach o	1s				
		Address				
Casselb	erry 74,	39707				
-	City, Sta	te and Zip Code				
Kashama	icharks e	Esmail.c	om			
E-mail addr	ess: (to be used	for future annu	al report notifi	cation)		
For further inform		-				
Kashama	Charl	ies	at (<u>340</u>	27	17 0235 I Daytime Telephone	
Name	of Contact Per	rson	Area	Code and	l Daytime Telephone	Number
Enclosed is a che	ck for the follo	wing amount:				
∑ \$105.00 Filing		75 Filing Fees tifficate of	□\$113.75 Fil and Certified		□\$122.50 Filing F Certified Copy, and Certificate of Status	1
	Address:				Address:	
	ing Section of Corporatio	ons			Filing Section on of Corporations	
P.O. Box	x 6327			The C	entre of Tallahasse	e
Tallahas	see, FL 32314	:		24153	N. Monroe Street. S	Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

Converting Eligible Entity

Into

Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202. Florida Statutes.

1. The name of the Converting Entity immediately prior to the filling of the Articles of Conversion is:
Kay C Kloset + HC LLC Enter Name of the Converting Entity
Enter Name of the Converting Entity
2. The converting entity is a
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 4/18/2016
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> **Example 100 Corporation Corporati
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its
current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid 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

Signed this 18 day of August	. 20 21			
Required Signature for Florida Profit Corporation				
Signature of Director, Officer, or, if Directors or Officer	cers have not been selected, an Incorporato	ir:		•
Printed Name: Kasham: Chaeles Title: Di	rector, Manager	·		
Required Signature(s) on behalf of Converting Flo companies: [See below for required signature(s).]	rida partnerships, limited partnerships,	and limi	<u>ited liabil</u> i	<u>itv</u>
·				
Signature: <u>Kallar</u> Printed Name <u>Kashamia</u> Charles	Title: Manager	•		
Signature:	•	_		
Printed Name:	Title:			,
Signature:		_		
Printed Name:	Title:	_		
Signature:		_		
Printed Name:	Title:			
Signature:				
Printed Name:	Title:	- .	500	
Signature:		_ <u>-</u>	21 OC	
Printed Name:	Title:	-		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		-:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:		('	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.	•			
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME	<i>I</i>	121 1	14.10			
The name of the c	corporation shall be:	Kayc	Kloser	<u>//VC</u>	-		
ARTICLE II	PRINCIPAL OFFI	CE				•	
The principal plac	ee of business/mailing ac	ddress is:					
329 Coea	Principal street address 1 Beach CiR				ailing address, if		s:
Canelbe	vry 71 3271	07	4				
	which the corporation is	_	- LLC 40	an	5-copp.	Soli	Owner
of onlin	t to change e relail oto	re.					
				1			
						مز نہ	20
ARTICLE IV The number of sh	SHARES ares of stock is:/					# H	20/1 0C1 18
		D DYDDGGG	n.c.		<u> </u>		<u></u>
Name and Title:	OFFICERS AND/O. Kashana Cha	RDIRECTOI RELES, Coo	lanugen nene Name an	d Title:_		·	<u> </u>
Address: 3	39 Coral Blac	ch cu	Address:			-	<u></u>
<u> </u>	Caselberry	71 39707				•	
				d Title:_			
Address:			Address:				
— Name and Title:_				 d Title:_			
Address: _			Address:				
_			_	_			

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Kashama Chaeles Address: 329 Coeal Beach Oir Cancibury 71, 32707	
Address: 329 Copal Beach Cir	
andburry 71, 32707	
-	
**************	*********
Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as	•
Halares	8/18/21
Required Signature/Registered Agent	Date

AtlAC

2021 OCT 18 FP II: 15