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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATÉ NAME)	(DOC	(DOCUMENT #)			
2. (CORPORATE NAME)	(DOC				
3. (CORPORATE NAME)	(000)	(DOCUMENT #)			
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New Filings Profit	Amendments	Other Filings			
New Filings Profit Non-Profit	Amendments Amendments	Other Filings Annual Report			
New Filings	Amendments Amendments Resignation	Other Filings Annual Report Fictitious Name			

Examiners Initials

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached. Articles of Incorporation 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 filing of the Articles of Conversion is:
K + M TAXES, L.L.C.
Enter Name of the Converting Entity
2. The converting entity is a LLC
(Enter entity type. Example: limited liability company, 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 09/15/2008
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: K+M TAXES INC.
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 2.5 day of	, 20 <u>23</u>
Required Signature for Florida Profit Corporation	on:
Signature of Director, Officer, or, if Directors or Off	·
Printed Name: Kimberly Daise Title:	In corporator
companies: [See below for required signature(s).]	orida partnerships, limited partnerships, and limited liability
Printed Name: Charlise Stallwon. Signature:	
Printed Name: List V Stewart (Treti]	Title: MGR
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature;	
Printed Name:	Title:
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liahili Signatures of <u>ALL</u> General Partners.	ty 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 The name of the corporation shall be: K+M	TAXES Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
3625 NW 17th Ane	P.O. BOX 420096
Miami FL 33142	Miami FL 33242
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	•
This Corporation may enga- lawful activities on business	se in or transact anytall s permitted undu the laws of
the United States, State of Florid	a or any other state, Country,
Terry for or Nation	
ARTICLE IV SHARES The number of shares of stock is: 500	
ARTICLE V OFFICERS AND/OR DIRECTORS	·tor
Name and Title: Charlise E. Stallworth, D	Name and Title:
Address: 3625 NW 17th Ane	Address:
Miami FL 33142	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

ARTICLE VI REGISTERED AGENT

The name	and Florida street	<u>address</u> (P.C). Box NOT	acceptable) of	the registered	agent is:
Name:	Charlise.	E. STA	11 wort	h		

Address: 3625 NW 17 thave

Miami, FL 33/42

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

08/25/23

Date