

P24000059909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

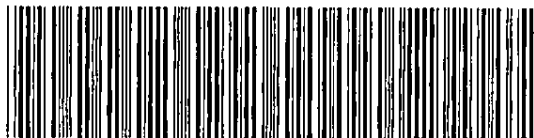
(Business Entity Name)

(Document Number)

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

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 9/20/2024

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1297218

**ORDER ENTITY**  
BKRD, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
BKRD, LLC (FL)

File the attached conversion and subsequent articles of incorporation and provide a certified copy.

**NOTES:**

\$113.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: **BKRD, LLC**

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

**Maria Kenigsberg**

Contact Person

**Chuhak & Tecson, P.C.**

Firm/Company

**120 S. Riverside Plaza, Suite 1700**

Address

**Chicago, Illinois 60609**

City, State and Zip Code

**mkenigsberg@chuhak.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Maria Kenigsberg** at ( **312** ) **855-5442**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☒ \$113.75 Filing Fees and Certified Copy    ☐ \$122.50 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

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**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:

**BKRD, LLC**

Enter Name of the Converting Entity

2. The converting entity is a **Limited Liability Company**  
(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 **April 12, 2012**  
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:**

**BKRD INCORPORATED**

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 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.


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Signed this 19th day of September, 2024.

**Required Signature for Florida Profit Corporation:**

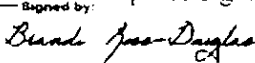
Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Signed by:  


FC07D3141BC247C

Printed Name: Brandi Ross-Douglas Title: President

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]**

Signed by:  


FC07D3141BC247C

Signature: \_\_\_\_\_  
Printed Name: Brandi Ross-Douglas Title: Authorized Member

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

**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.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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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: BKRD INCORPORATED

**ARTICLE II      PRINCIPAL OFFICE**  
The principal place of business/mailing address is:

Principal street address  
905 Hidden Harbour Dr.  
Indian Rocks Beach, FL 33785

Mailing address, if different is:  
905 Hidden Harbour Dr.  
Indian Rocks Beach, FL 33785

**ARTICLE III      PURPOSE**  
The purpose for which the corporation is organized is:

Any and all lawful business.

**ARTICLE IV      SHARES**  
The number of shares of stock is: 1,000

**ARTICLE V      OFFICERS AND/OR DIRECTORS**

Name and Title: Brandi Ross-Douglas - President  
Address: 905 Hidden Harbour Dr.  
Indian Rocks Beach, FL 33785

Name and Title: Brandi Ross-Douglas - Secretary  
Address: 905 Hidden Harbour Dr.  
Indian Rocks Beach, FL 33785

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Brandi Ross-Douglas - Treasurer  
Address: 905 Hidden Harbour Dr.  
Indian Rocks Beach, FL 33785

Name and Title: Brandi Ross-Douglas - Director  
Address: 905 Hidden Harbour Dr.  
Indian Rocks Beach, FL 33785

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Brandi Ross-Douglas - Director

Address: 905 Hidden Harbour Dr.

Indian Rocks Beach, FL 33785

\*\*\*\*\*

*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*

Signed by:

Brandi Ross-Douglas

Required Signature/Registered Agent

9/19/2024

Date

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