LZ400144853

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500426296055

03/29/24--01001--018 **250.00



COVER LETTER

TO: New Filing So Division of C					•, "	*		
Kimaria F	Property Investors, LLC							
SUBJECT:	(Name of Res	ulting	Florida Limito	d Com	pany)	-		
The englaced Articles							"Ot	h
					I fees are submitted to cordance with s. 605.1			ilei
Please return all corre	espondence concerning	g this	matter to:					
Kimberly Howell Simme	onds							
Kimaria Property Inves	(Contact Person) tors, LLC							
3644 Paleface PL #A	(Firm/Company)							
	(Address)							
Jacksonville, FL 32210								
((Kimhowsimm@yahoo.d	City, State and Zip Code)							
E-mail Address: (to b	e used for future annual re	рогі ію	tifications)					
For further information	on concerning this ma	tter, p	lease call:			_	~;	
Kimberly Howell Simme	onds		301	325-1	211	·		
(Name of Conta	et Person)	at (₋	(Area Code)	(Dayı	time Telephone Number)	- :	77	,
	or the following amou a bank located in the			ocess	ed by this office must t	oe payab	le in U	ıs
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155,00 Filing Fees and Certificate of Status		180,00 Filing l Certified Copy		\$185,00 Filing Fees, Certified Copy, and Certificate of Status	(- <u></u>		
Mailing Add					Address:			
Division of C	orporations				on of Corporations			
P.O. Box 632	7				entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articl KIMARIA PROPERTY INVESTORS, LLC 	es of Con	iversion	15:
(Enter Name of Other Business Entity) Limited Liability Company	-,		
2. The "Other Business Entity" is a			
2. The "Other Business Entity" is a			
First organized, formed or incorporated under the laws of			
First organized, formed or incorporated under the laws of	name of th	ne country)
on .			
on			
KIMARIA PROPERTY INVESTORS, LLC	- _•		a
(Enter Name of Florida Limited Liability Company)	-'		
4. If not effective on the date of filing, enter the effective date:	_•	\odot	*
(The effective date: Cannot be prior to date of receipt or filed date nor more than 9	90 calend:	ar däys	after
the date this document is filed by the Florida Department of State.)		· 51	<u>.</u>
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	te will not b	4	; the
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 appraisable which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights	the amou	int to

Signed this 29 day of March	2024			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Bombed Printed Name: KIMBFRLY STANONOS	Title: MGR Cort Bender	PCA) -		
Signature(s) on behalf of Other Business Entity: [
Signature: Kimbech Simmonds by Printed Name: Kimberly Simmonds	ort Bender (POA)	_		
Printed Name: Kimberly Simmends	Title: M6R	-		
Signature: Printed Name:	Title	-		
Signature: Printed Name:	Title:	-		
Signature:				
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	724	-		
Signature: Printed Name:	Title:	-		
If Florida Corporation:				
Signature of Chairman, Vice Chairman, Director, or C				
If Directors or Officers have not been selected, an Inc	corporator must sign.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:			F
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:		(2)	•
			- ; :. :	
All others: Signature of an authorized person.			<u>्रा</u>	`
Fees:		, ' ,	•	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: imited Liability Company is:		
	TY INVESTORS, LLC ust contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac The mailing addre	ddress: ss and street address of the pri	ncipal office of the Limite	ed Liability Company is:
Principal Office A	Address:	Mailing Address:	
3644 Paleface PL # Jacksonville, FL 322		3644 Paletace PL #A Jacksonville, FL 32210	
(The Limited Liability C business entity with an	Registered Agent, Registered Company cannot serve as its own Registerative Florida registration.) Florida street address of the registration.	red Agent. You must designate an	
	Victor Pellot		
	Name		
	3644 Paleface PL		
	Florida street address (P.O.		
	Jacksonville	32210 FL	
	City	Zip	5× y 1 - 1
liability comp registered agent statutes relatin	med as registered agent and to pany at the place designated in and agree to act in this capaci by to the proper and complete p bligations of my position as reg	this certificate, I hereby acty. I further agree to comperformance of my duties, a	cept the appointment as ?; ly with the provisions of all and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

. . .

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

<u>Title:</u>	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager					
MGR	KImberly Simmonds, as Trustee of				
	Kimberly Howell Simmonds Revocable Trust				
	3644 Paleface PL, Jacksonville, FL 32210				
(Use attachment if necessary)					
(,,					
FICLE V: Other provisions, if any.					
TCEE V. Other provisions, ir any.	~}				
- ·					
	- 10				
DECLUBED CLONATURE	- 13				
REQUIRED SIGNATURE:	,				
V^{-}					
Timberly H. Jumm	one by Curt Bender (POA)				
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 docu-	ment to the Department of State constitutes a third degree felony				
as provided for in s.817.155, F.S.					
K. 11 119	6 by Cust Bendes (POA)				
1/ Marvelly F1) immend	by (wet Bendes (POA) ped or printed name of signee				
ly	ped 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)