# L24000321753

(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



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### **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.

٠.	
	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: VOTO 9 VENTURES LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a LIMITED LIABILITY COMPANY  (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.)
Fi	rst organized, formed or incorporated under the laws of [ILLINOIS]  (Enter state, or if a non-U.S. entity, the name of the country)
	5-18-22
or	(date of organization, formation or incorporation)
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
K١	YOTO 9 VENTURES LLC
_	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
th	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.
	A 2024
	2024 Jul 10
	in the second of the second
	<del>c</del>

Signed this 9TH day of JULY	20 <u> 74</u>		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: Printed Name: JACK LEMBECK	L Cembrile Title: MANAGER	-	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Mach. Leinheil		_	
Printed Name: JACK LEMBECK	Title: MANAGER	-	
Signature:		_	
Signature: Printed Name:	Title:	-	
Signature:		_	
Signature:Printed Name:	Title:	-	
Signature:Printed Name:		_	
Printed Name:	Title:	•	
Signature:Printed Name:		-	
Printed Name:	Title:	-	
Signature:Printed Name:		-	
Printed Name:	Title:	-	
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
-			
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
All others:			
Signature of an authorized person.		Ž.	(1)
<u>Fees:</u>		f*	ر ر
Articles of Conversion:	\$25.00	•	- -
Fees for Florida Articles of Organization:	\$125.00	F-V-	ب ب
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	<del></del>	G
Certificate of Status:	\$5.00 (Optional)	·	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	:		
The name of the Limi	ted Liability Company	is:	
KYOTO 9 VENTURES	LLC		
(Must c	ontain the words "Limited Liah	oility Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Addr	0551		
		principal office of the Limit	ed Liability Company is:
_			
Principal Office Add	lress:	Mailing Address:	
1401 S. OCEAN BLVD		1401 S. OCEAN BLVD	
UNIT 104		UNIT 104	
BOCA RATON FL 334	32	BOCA RATON FL 33232	
ADTICLE UL P		Lore and the	43 63 4
		red Office, & Registered Aggistered Aggistered Agent. You must designate as	
business entity with an activ		5	
The name and the Flo	rida street address of th	e registered agent are:	
		C	
<u>JA</u>	ACK LEMBECK		
	Na	me	
14	101 S. OCEAN BLVD, UN	IIT 104	
	Florida street address (P	O. Box NOT acceptable)	
ВС	OCA RATON	FL 33432	
_	City	Zip	
liability company registered agent and statutes relating to	y at the place designated d agree to act in this cap o the proper and comple- ations of my position as	d to accept service of process lin this certificate, I hereby a pacity. I further agree to complete performance of my duties, a registered agent as provided full the control of the contr	ccept the appointment as ply with the provisions of all and I am familiar with and
	(CONT	INUED)	·

JACK LEMBECK 1401 S. OCEAN BLVD, UNIT 104 BOCA RATON FL 33432
1401 S. OCEAN BLVD, UNIT 104
BOCA RATON FL 33432
-
thorized representative of a member
ection 605.0203 (1) (b), Florida Statutes. I am aware the Department of State constitutes a third degree fe
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