L1600151606

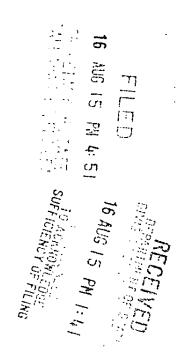
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

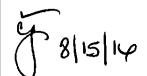
Office Use Only



000288953160

08/15/16--01005--015 **185.00





August 15, 2016

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 10124740 SO

Customer Reference 1: 25971-1

Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

SKILLETS, INC. (FL)

Conversion

Florida

Skillets, LLC (FL)

Formation

Florida

Skillets, LLC (FL)

Certificate of Status-Domestic

Florida

SKILLETS, INC. (FL)

Obtain Document - Misc - certified copy: conversion

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

COVER LETTER

Division of Co								
SUBJECT: Skillets, L	LC							
	(Name o	of Re	sulting Florida l	Limited	l Company)			
					d fees are submitted to c cordance with s. 605.10		ı "Otl	ıer
Please return all corre	espondence concerning	g thi	s matter to:					
Ross Edlund								
	(Contact Person)							
ROE Holdings, Inc.								
	(Firm/Company)					1,77	5	
5461 Airport Road						4.	Ž	-1
	(Address)							-
Naples, Florida 34109							NO 15 PH	13
((City, State and Zip Code)						### ###	ι_
						7.4	†i UT	
E-mail Address: (to b	e used for future annual re	port	notifications)				****	
For further information	on concerning this ma	tter,	please call:					
Jay Campbell		at	(⁹⁰¹	524-5	325 time Telephone Number)			
(Name of Conta	ct Person)		(Area Code)	(Day	time Telephone Number)	•		
Enclosed is a check f	or the following amou	nt:						
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing d Certified Copy		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS	S:		MAILI	NG A	DDRESS:			
Registration Section			Registra					
Division of Corporat	ions		Division P. O. Be		orporations			
Clifton Building 2661 Executive Cent	er Circle				FL 32314			
Tallahassee, FL 323				.,-				

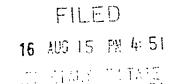
INHS11 (06/15)

Articles of Conversion

For

"Other Business Entity" Into

Florida Limited Liability Company



The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Skillets, Inc.	ess Entity" immediately prior to the filing of the Articles of Conversion is:
(E	nter Name of Other Business Entity) P98000095027
2. The "Other Business Entity" is	
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	orated under the laws of Florida
November 9, 1998	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or i	ncorporation)
3. The name of the Florida Limite Skillets, LLC	ed Liability Company as set forth in the attached Articles of Organization:
(Enter Nam	ne of Florida Limited Liability Company)
4. If not effective on the date of f	iling, enter the effective date:
(The effective date: 1) cannot b date this document is filed by th date listed in the attached Articl	e prior to date of receipt or filed date nor more than 90 days after the see Florida Department of State; <u>AND</u> 2) must be the same as the effective les of Organization, if an effective date is listed therein.) oes not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has bee	n approved in accordance with all applicable statutes.

Page 1 of 2

Signed this // day of August	20 16	
Signature of Authorized Representative of Lim		
Signature of Authorized Representative:	The state of the s	
Printed Name: Ross Edlund	Title: Director of Sole Member	
Timited Ivanie. Acoust Educate	Title: Director of Bote Wellber	-
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Printed Name: Ross Edhund	Dia Dia	-
Printed Name: Ross Edlund	Title: Director	-
Signature:		
Signature:Printed Name:	Title:	-
Signature:Printed Name:		_
Printed Name:	Title:	-
Signature		
Signature:Printed Name:	Title:	-
		-
Signature:		_
Signature:Printed Name:	Title:	_
Signature:Printed Name:	Title	-
Tillion Turio.	1100	-
<u>If Florida Corporation:</u>		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Dortnarchin	
Signature of one General Partner.	ty rattice sing:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
Fees:		
<u>1 ees.</u>		
Articles of Conversion:	\$25.00	Aller.
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZA				FILED
ARTICLE I - Name:				15 14 14 51
The name of the Limited Liabilit	y Company is:			AUG 15 FH 4: 51
			;	ALTER STATE
Skillets, LLC			*) *) *)	Addition of the Company
	rds "Limited Liability (Company, "L.L.C.," or "LLC."	<u>')</u>	
ARTICLE II - Address:				
The mailing address and street ad	ddress of the princ	ipal office of the Limi	ted Liability Co	ompany is:
Principal Office Address:	1	Mailing Address:		
5461 Airport Road	:	5461 Airport Road		
Naples, Florida 34109		Naples, Florida 34109		
ARTICLE III - Registered Age (The Limited Liability Company cannot ser business entity with an active Florida regis The name and the Florida street	ve as its own Registered stration.)	1 Agent. You must designate a		
Ross Edlund				
	Name			
5461 Airport R	oad			
Florida stre	et address (P.O. B	ox NOT acceptable)		
Naples		FL 34109		
	City	Zip		
Having been named as registe.	red agent and to a	ccent service of process	for the above s	stated limited

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

. ,			16	AUG	[C	Diff L
Title:		Name and Address:			-	
"AMBR" = Authorized M	lember				•	
"MGR" = Manager			4.1 75% s			
AMBR		ROE Holdings, Inc.			_	
		5461 Airport Road			-	
		Naples, Florida 34109			-	
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					- -	
					-	
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			·····		-	
effective date is listed, the 0 days after the date of fili f the date inserted in this block d	her than the da date must be ng.)	te of filing: specific and cannot be more applicable statutory filing requireme	than five b	ousine	ss da	ys p
CLE V: Effective date, if or effective date is listed, the days after the date of fili	ther than the date must be ng.) the nge not meet the anent of State's recommend	specific and cannot be more applicable statutory filing requirements	than five b	ousine	ss da	ys pı
CLE V: Effective date, if or effective date is listed, the O days after the date of filif the date inserted in this block dut's effective date on the Department	ther than the date must be ng.) bes not meet the ament of State's red	specific and cannot be more applicable statutory filing requirements	than five b	ousine	ss da	ys pr
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CLE V: Effective date, if or effective date is listed, the 0 days after the date of filif the date inserted in this block dut's effective date on the DepartuCLE VI: Other provisions, i	her than the dadate must be ng.) bes not meet the ament of State's red f any. RE: f a member or executed in according to the property of the	applicable statutory filing requirements ords. The anauthorized representation dance with section 605.0203 (1) (b) in submitted in a document to the Deprovided for in s.817.155, F.S. Member ROE Holdings, Inc.	than five beents, this date we of a mer, Florida Statu	will no	ess da	ys pı
CLE V: Effective date, if or effective date is listed, the od days after the date of filing the date inserted in this block dont's effective date on the Department of the Dep	her than the dadate must be ng.) bes not meet the ament of State's red f any. RE: f a member or executed in according to the property of the	specific and cannot be more applicable statutory filing requirement cords. The an authorized representation dance with section 605.0203 (1) (b) in submitted in a document to the Deprovided for in s.817.155, F.S.	than five beents, this date we of a mer, Florida Statu	will no	ess da	ys pr